

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

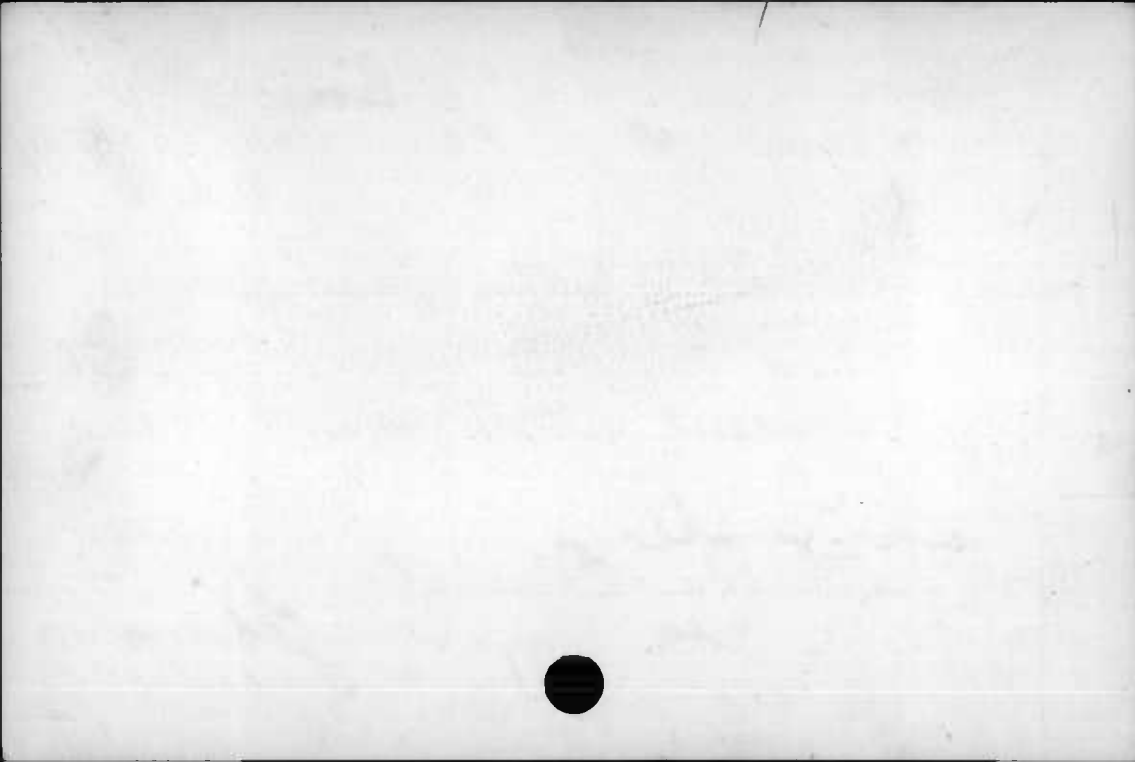
## CERTIFICATE OF DEATH

Name <i>Mrs Wm<sup>m</sup> Aitchison</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Near Laurel</i>		Town <i>Laurel</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>1-</i>	Day <i>6</i>	Age <i>86</i>	Years <i>86</i>	Months <i></i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Paisley Scotland</i>			
Occupation <i>W</i>		Where Residing if not at place of death <i>At place of death.</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Wm<sup>m</sup> Aitchison</i>				
Father's Name <i>Robert Caldwell</i>	Father's Birthplace <i>Scotland.</i>				
Mother's Maiden Name <i>Miss Stuart</i>	Mother's Birthplace <i>Scotland.</i>				
Name of person giving In formation <i>Stuart Aitchison</i>		How related to deceased <i>Son.</i>			

## CAUSES OF DEATH

10

Primary <i>'Grippe</i>	How long <i></i>
Immediate <i>Bronch Pneumonia</i>	How long <i>Nine days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Cronmiller M.D.</i>
	Address <i>Laurel - Md.</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Stephen S. Beach*

Town *Silver Hill* County *Prince George* MARYLAND

Died at *Silver Hill*

Date of death *1907* Month *Jan* Day *1st* Age *52* Years Months *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Va.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Little Beach*

Father's Name *Unknown* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Vincent Richardson* How related to deceased *None*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *La Grippe* How long *1 week*

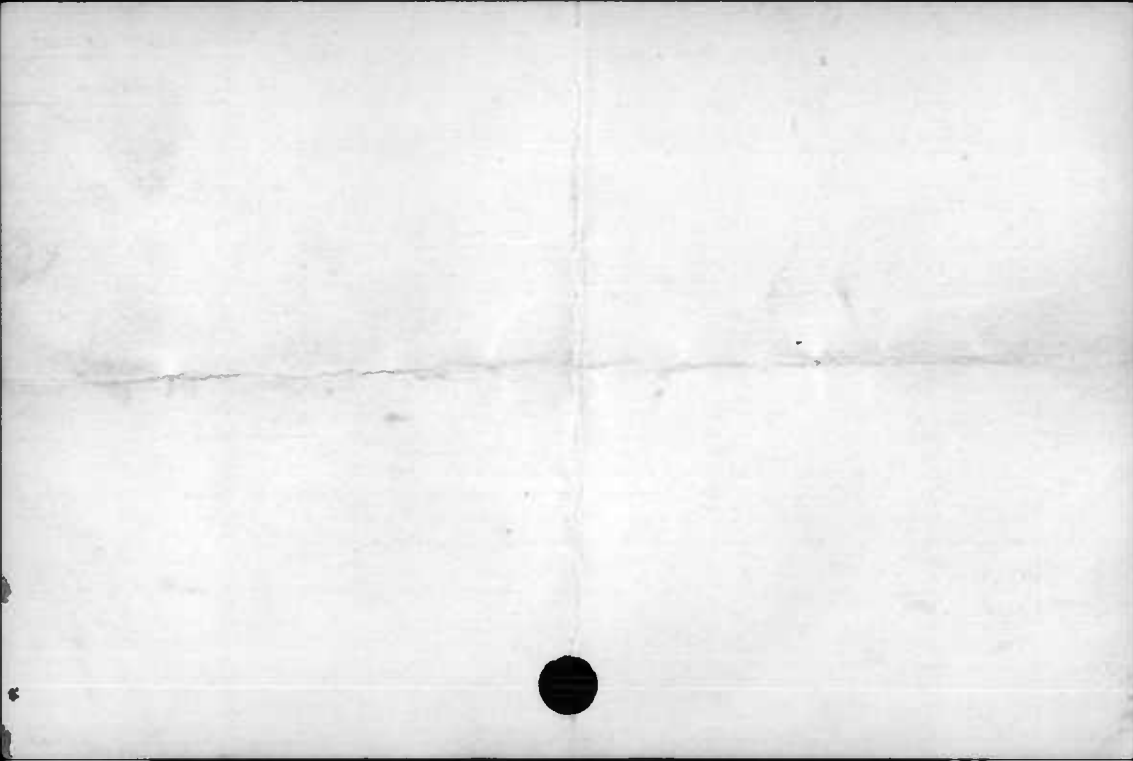
Immediate *Asthma, Exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John C. Ansbury*

Address *P. O. Box 100, Forestville, Md.*

Accident or Suicide? *No*



Name  
in  
Full

Blanford.

## CERTIFICATE OF DEATH

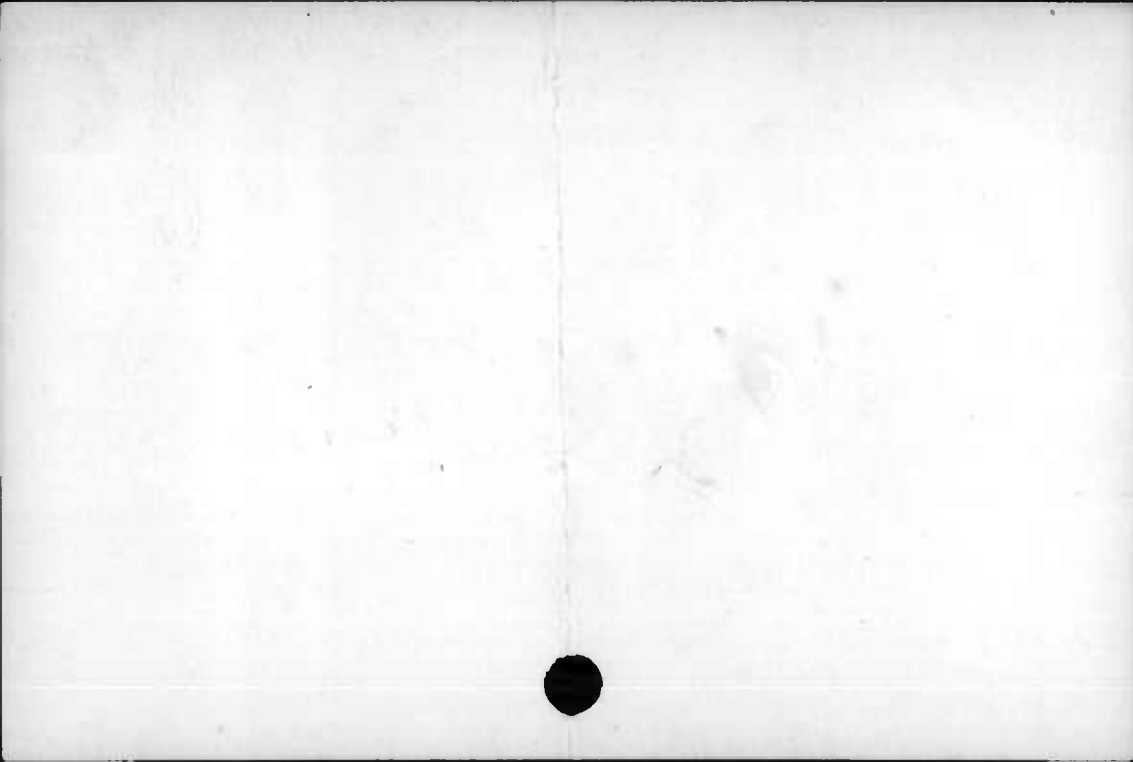
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Queen Anne</i>		Town	<i>Prince Georges</i>		County	MARYLAND	
Date of death <i>1908</i>		Month <i>1</i>	Day <i>25</i>	Age <i>Years</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Near Queen Anne</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Charles Blanford</i>			Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Barrie Tilghman</i>			Mother's Birthplace				
Name of person giving information <i>W. L. Watkins M.D.</i>			How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>W. L. Watkins M.D.</i>	
Address		<i>Mitchellville, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Mattie Gertrude Booz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at I.B. Town Dr. Gr. County MARYLAND

Date of death 1906 Month 1 Day 24 Age 1 Years 8 Months 8 Days

Sex female Color or Race Colored Birth-place Ind

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Wm McLain Booz

Father's Birthplace Ind

Mother's Maiden Name Fanny Smith

Mother's Birthplace Ind

Name of person giving information Wm McL. Booz

How related to deceased father

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis

Immediate asthma

How long years

How long

Are the name, age, sex, color, date and place correctly given above?

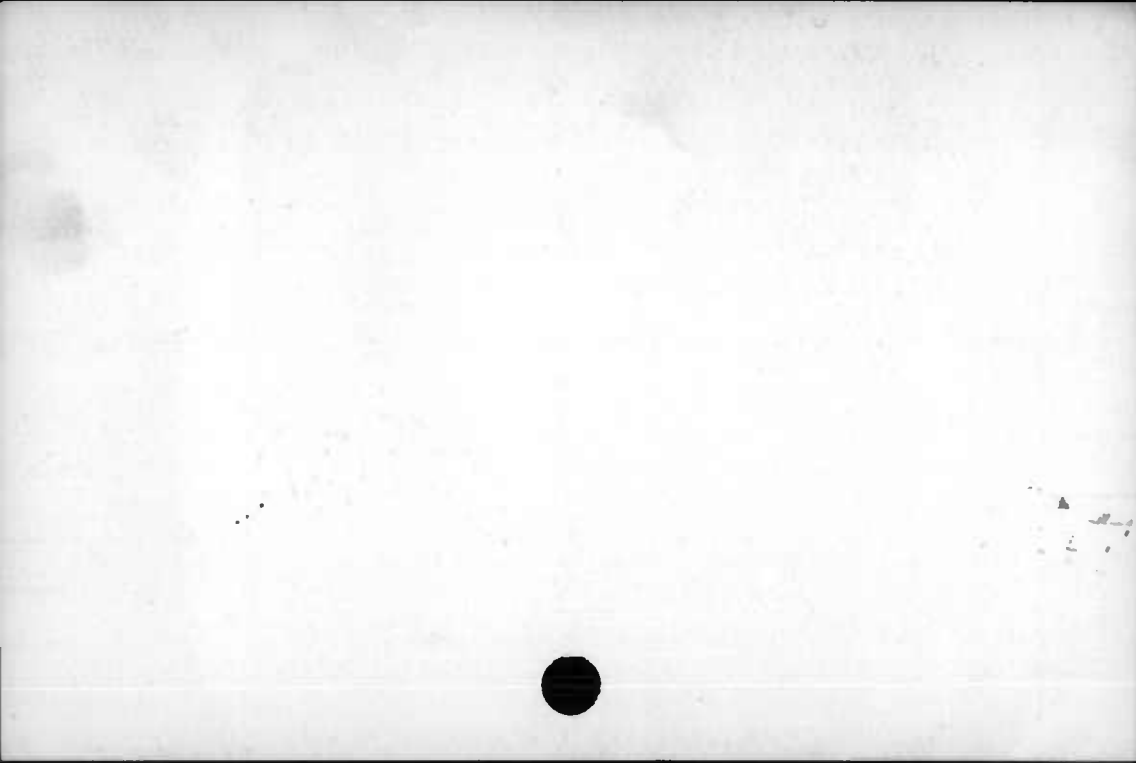
Yes

Signature of Physician

Address

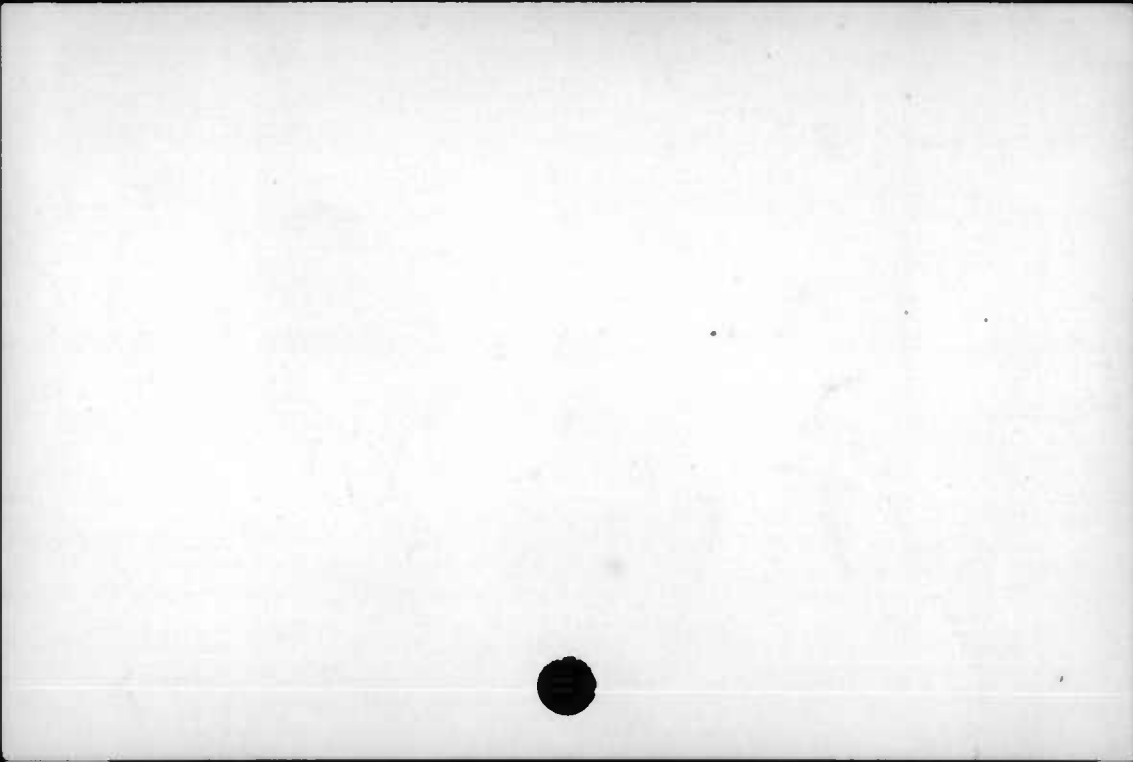
John A. Coe  
I.B. Ind

Accident or Suicide?

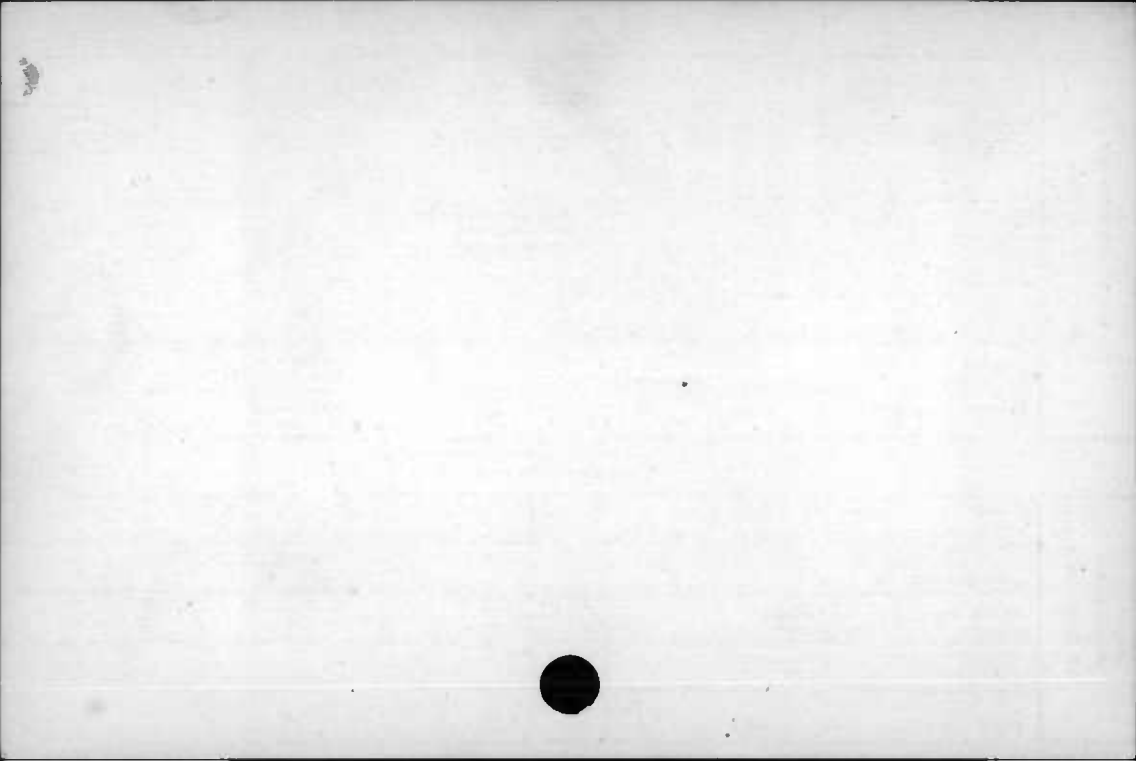




Name in Full		Edwardine Keech Brooke				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	New Glitz	Town	Pr. Yes	County	MARYLAND	
	Date of death	1908	Month 1 <sup>st</sup>	Day 18	Age 2	Months 9	Days
	Sex	Female	Color or Race	White	Birth-place	New Glitz	
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed	Single	Name of Wife or Husband				
	Father's Name	R. Walter Brooke			Father's Birthplace	New Glitz, Md	
	Mother's Maiden Name	Martha Lee Brooke			Mother's Birthplace	Chas Co. Md.	
Name of person giving information	Martha Lee Brooke			How related to deceased	Mother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Infection by Bacillus typhosus			How long	About five weeks	
	Immediate	Gradual cardiac + respiratory failure			How long	About five days	
	Are the name, age, sex, color, date and place correctly given above?	Yes			Signature of Physician	Arthur R. May M.D.	
	Accident or Suicide?	—			Address	Longview Heights, D.C.	



Name in Full <b>Albert Brooks</b>		CERTIFICATE OF DEATH	
Died at <b>Coalbrook House</b> <b>Pl.</b> <b>County</b>		MARYLAND	
Date of death <b>1908</b>	Month <b>1</b>	Day <b>9</b>	Age <b>67</b>
Sex <b>male</b>	Color or Race <b>white</b>	Birth-place <b>md</b>	Months <b>—</b>
Occupation <b>none</b>	Where Residing if not at place of death <b>—</b>		
Married, <del>Single</del> <b>married</b>	Name of Wife or Husband <b>Mary Brooks</b>		
Father's Name <b>not known</b>	Father's Birthplace <b>unknown</b>		
Mother's Maiden Name <b>unknown</b>	Mother's Birthplace <b>unknown</b>		
Name of person giving information <b>Samuel Allen Supt</b>	How related to deceased <b>none</b>		
CAUSES OF DEATH			
Primary <b>nephritis</b>	How long <b>Sometimes</b>		
Immediate <b>Heart Disease</b>	How long <b>Sometimes</b>		
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>J. E. Blansburg M.D.</b>		
	Address <b>Forestville Md</b>		
Accident or Suicide? <b>neither</b>			



Name  
in  
Full

J. N. R. Bruns

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

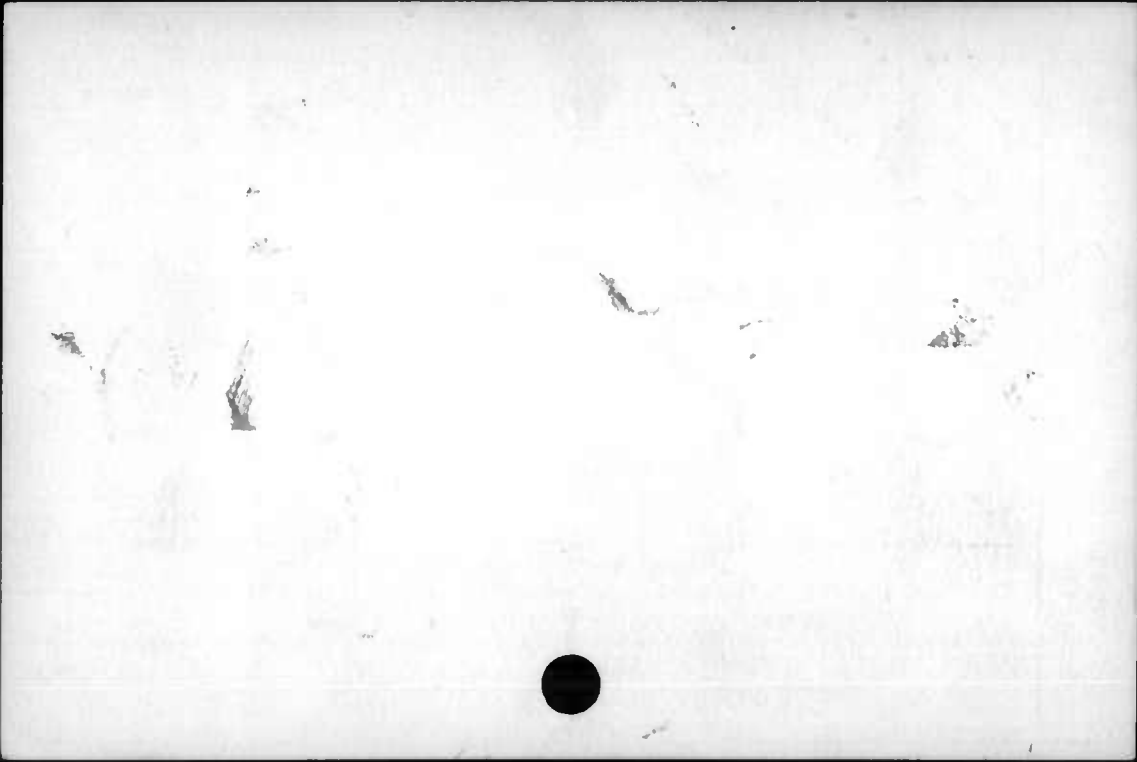
Died at <u>Croom</u> Town		<u>Or Geo</u> County		MARYLAND	
Date of death	<u>1908</u>	Month	<u>Jan</u>	Day	<u>1</u>
Age		<u>10</u>	Years	Months	Days
Sex	<u>Female</u>	Color or Race	<u>Colored</u>	Birth-place	<u>md</u>
Occupation		<u>School girl</u>			
Where Residing if not at place of death					
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband			
Father's Name	<u>Leander Bruns</u>		Father's Birthplace	<u>md</u>	
Mother's Maiden Name	<u>Annye Pietsman</u>		Mother's Birthplace	<u>md</u>	
Name of person giving information	<u>Leander Bruns</u>		How related to deceased	<u>father</u>	

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid fever</u>	How long	<u>5 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>W. H. Gibbons</u>	
Address		<u>Croom md</u>	
Cause of Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Frank M. Brown</i>		Town <i>Glendale</i>		County <i>P.H.</i>		MARYLAND	
Died at <i>Glendale</i>		Month <i>Jan</i>		Day <i>3</i>		Years <i>46</i>	
Date of death <i>1908 Jan 3</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Blackenshaw Md.</i>			
Occupation <i>Farmer</i>		Where Residing If not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia A. Brown</i>					
Father's Name <i>Douglas Brown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Richard H. Hall</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Intestinal Infection</i>	How long <i>Several months</i>
Immediate <i>Cardiac Arrest</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Durall M.D.</i>
<i>[Signature]</i>	Address <i>Springfield Md.</i>
Accident or Suicide?	<i>Md.</i>

Amos.  
Bertha  
Anna  
Edward M



Name  
in  
Full

Mary E. Brown

## CERTIFICATE OF DEATH

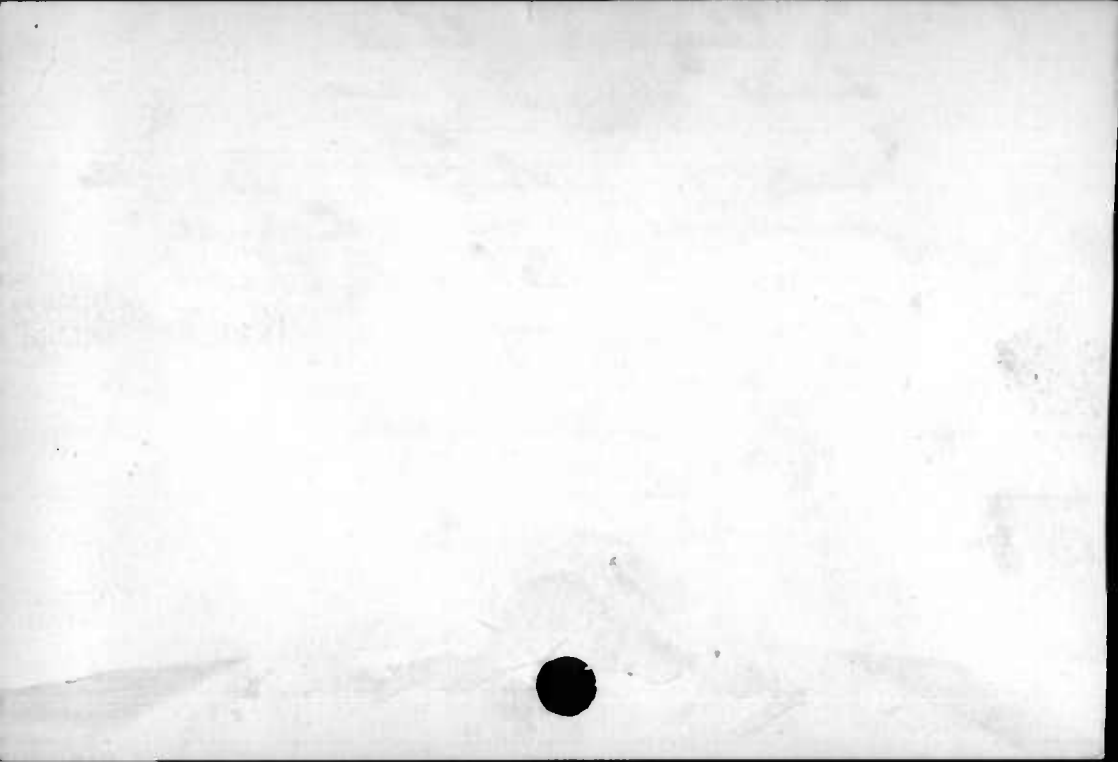
Died at		Town		County		MARYLAND	
Chesapeake Junction		Prince Georges Co.					
Date of death	1908	Month	Jan	Day	21	Age	26
						Months	6
						Days	28
Sex	Female		Color or Race	White		Birth-place	Md -
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	R. F. Brown			
Father's Name	Edward Thornburg		Father's Birthplace	Md -			
Mother's Maiden Name	Emma Steiger		Mother's Birthplace	N.Y.			
Name of person giving information	Emma Thornburg		How related to deceased	Mother			

## CAUSES OF DEATH

27

Primary	Pul-tuberculosis	How long	Two years
Immediate	Heart Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. C. Clark M.D.
		Address	321 E. Capitol St. Washington D.C.
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Elizabeth - Chack

CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

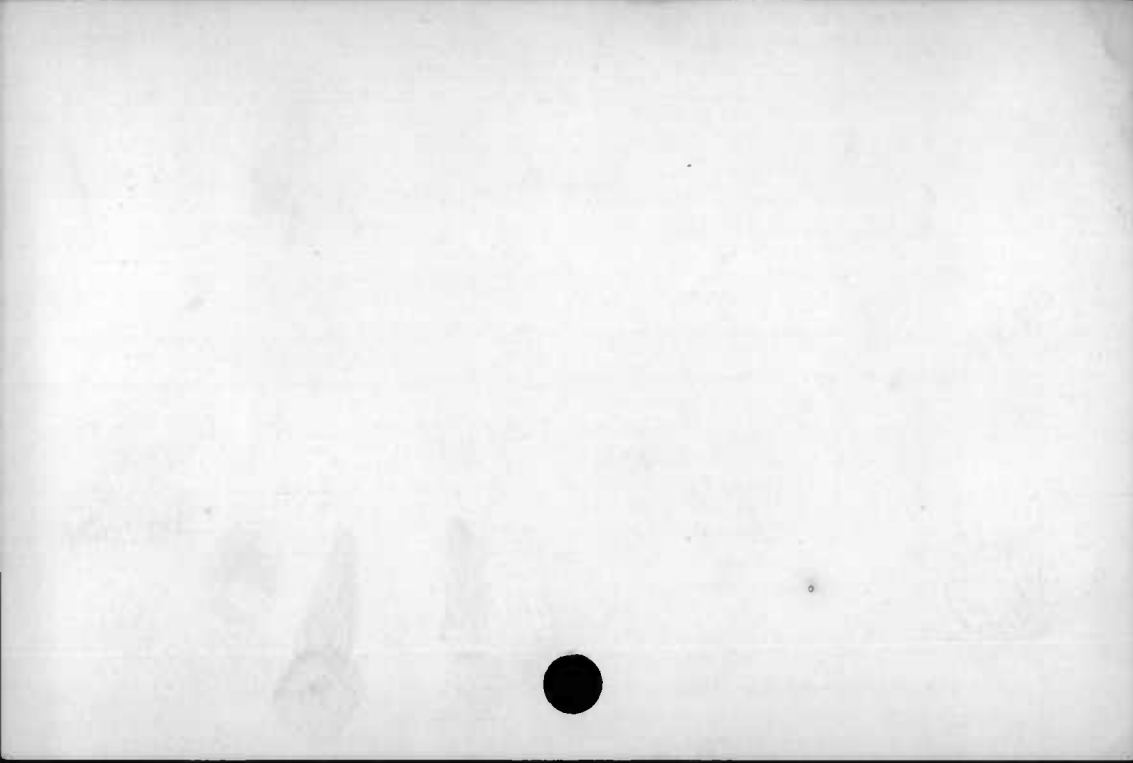
Died at		Town <i>Lanuel</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death		1908	Month <i>1</i>	Day <i>9</i>	Age <i>83</i>	Years	Months <i>83</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>P. Wm Co Va</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death <i>Lanuel</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Chas. B. Chack</i>					
Father's Name <i>Elias McEwing</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Susan Smith</i>		Mother's Birthplace <i>Va.</i>					
Name of parson giving information <i>Mrs. Wm Brashers</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Valvular Stenosis &amp; Insuffici</i>	How long <i>Several years</i>
Immediate	<i>Insulin Toxicity (Heart Failure)</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John Cronmiller M.D.</i>
		Address <i>Lanuel Md</i>
Accident or Suicide? <i>—</i>		



Name in Full <b>John Edward Chapin</b>		CERTIFICATE OF DEATH	
Died at <b>Woodmore</b> <sup>Town</sup>		<b>Prince George</b> <sup>County</sup>	
Date of death <b>1908 Jan. 1<sup>st</sup></b>		<b>MARYLAND</b>	
Month <b>Jan.</b>		Days <b>1</b>	
Age <b>2</b>		Years <b>3</b>	
Sex <b>male</b>		Color or Race <b>colored</b>	
Occupation <b>---</b>		Birth-place <b>Maryland</b>	
Where Residing if not at place of death <b>---</b>			
Married, Single or Widowed <b>---</b>		Name of Wife or Husband <b>---</b>	
Father's Name <b>Jeremiah F. Chapin</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name <b>Lizzie Lehtinen</b>		Mother's Birthplace <b>" "</b>	
Name of person giving information <b>J. F. Chapin</b>		How related to deceased <b>Father</b>	
CAUSES OF DEATH			
Primary <b>Broncho Pneumonia</b>		<b>92</b>	
Immediate <b>Infection</b>		How long <b>about 7 days</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>A. J. Hinkley, M.D.</b>	
Address <b>---</b>		Address <b>Blue, Md.</b>	
Accident or Suicide? <b>---</b>			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Joseph D. Laney.*

Town *Piscataway* County *Pr. Ess.*

Died *near Piscataway*

Date of death *1908* Month *1* Day *8* Age *—* Years *—* Months *4* Days *—*

Sex *male* Color or Race *Colored* Birth-place *Ind.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Gusty Anderson* Father's Birthplace *Ind.*

Mother's Maiden Name *Mary D. Laney* Mother's Birthplace *Ind.*

Name of person giving information *Mary D. Laney* How related to deceased *Mother*

CAUSES OF DEATH

⑨

PHYSICIAN  
OR CORONER

Primary *Diphtheria* How long *1 week*

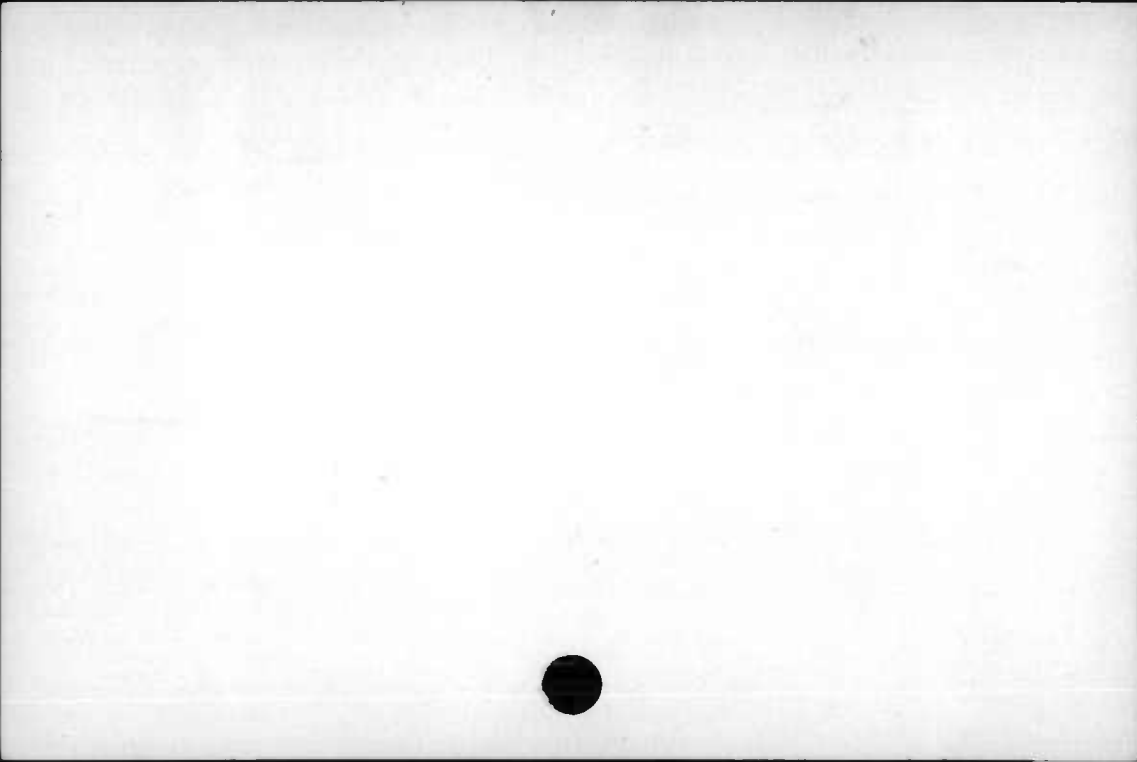
Immediate *Diphtheria* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. S. [Signature]*

Address *Piscataway - Ind.*

Accident or Suicide? *—*





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

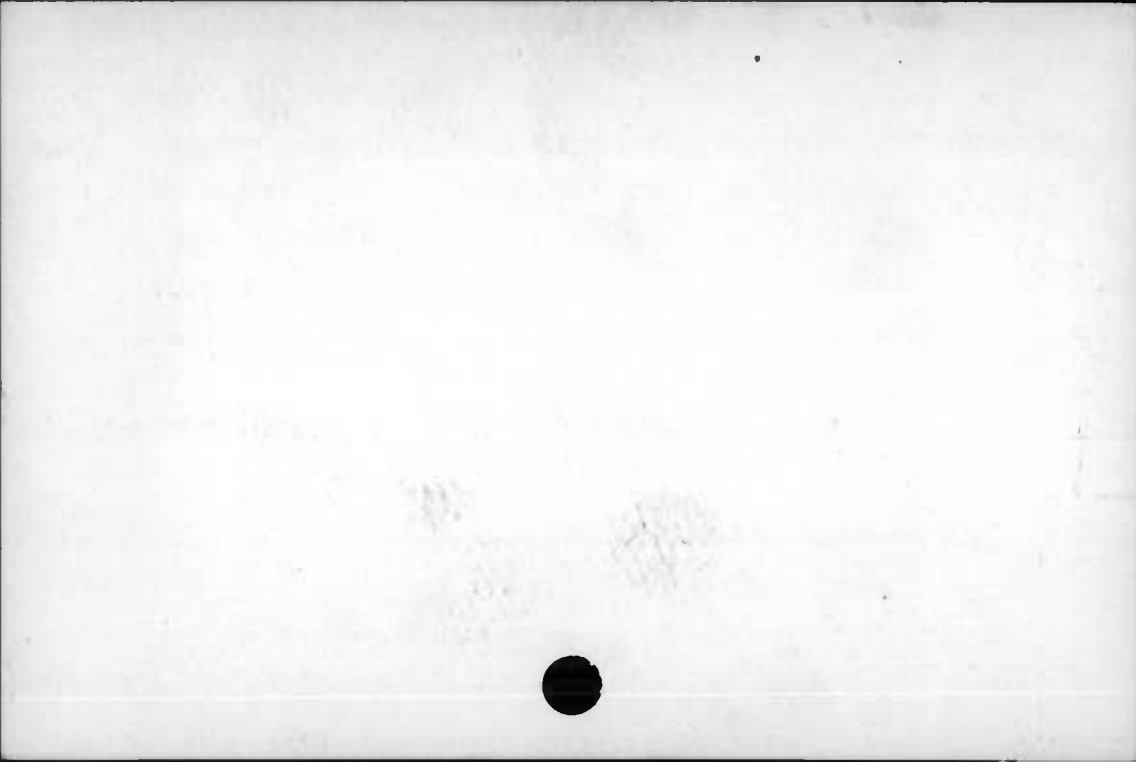
Name in Full <i>Jessie Dorsey</i>		Town <i>Tanner</i>		County <i>Prince George's</i>		STATE <i>MARYLAND</i>	
Died at <i>Tanner</i>		Month <i>May</i>		Day <i>4th</i>		Years <i>1907</i>	
Date of death <i>1908</i>		Month <i>May</i>		Day <i>4th</i>		Years <i>1907</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ma</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Tanner</i>					
Married Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Benjamin Dorsey</i>		Father's Birthplace <i>Ma</i>					
Mother's Maiden Name <i>Mary E. Shuck</i>		Mother's Birthplace <i>Ma</i>					
Name of person giving information <i>Mr. W. Dorsey</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Stroke</i>	How long <i>10 weeks</i>
Immediate <i>Heart failure</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Hunter</i>
<i>[Signature]</i>	Address <i>Laurel Md</i>
Accident or Suicide? <i>No</i>	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

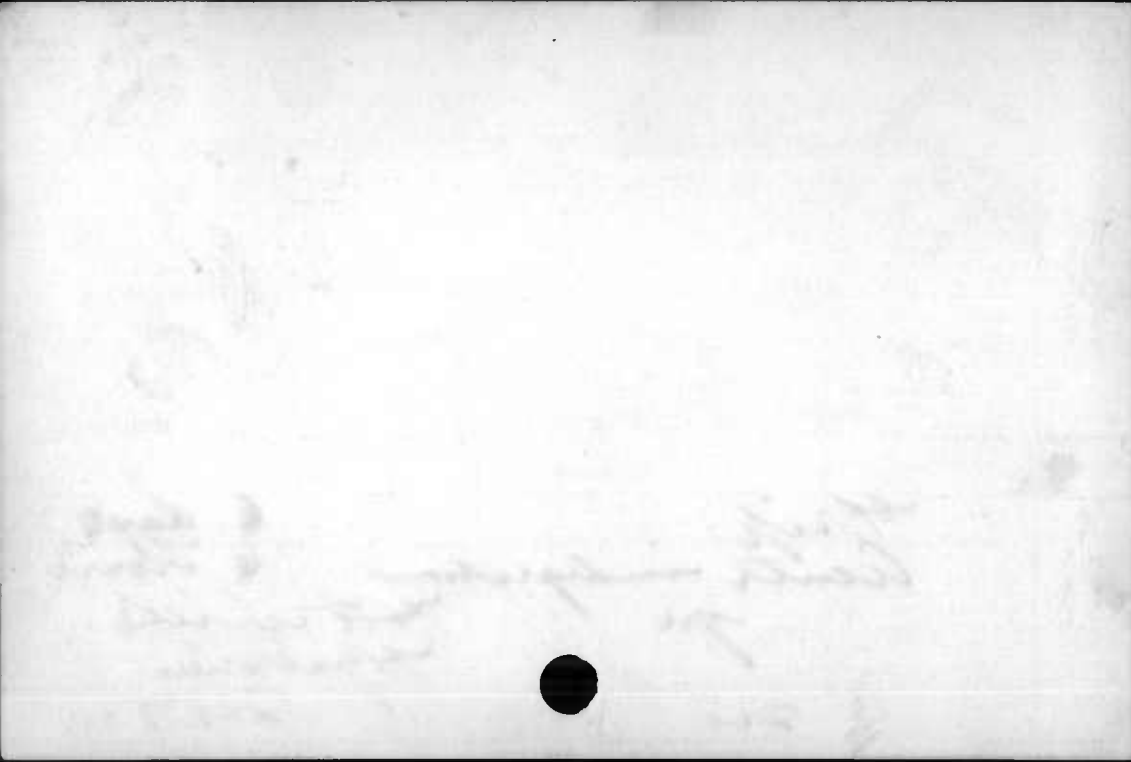
Name in Full <i>John Francis Suckett.</i>		Town <i>Aquasco</i>		County <i>Pr. Geo's</i>		MARYLAND	
Died at <i>Aquasco</i>		Month <i>Jan</i>		Day <i>12</i>		Age <i>57</i>	
Date of death <i>1908</i>		Months <i>Jan</i>		Years <i>57</i>		Influence <i>Influence</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Pr. Geo's Co Ind</i>		Influence <i>Influence</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Zugruder</i>					
Father's Name <i>Caesar Suckett</i>		Father's Birthplace <i>Pr. Geo's Co Ind</i>					
Mother's Maiden Name <i>Caroline Suckett</i>		Mother's Birthplace <i>Pr. Geo's Co Ind</i>					
Name of person giving information <i>Robt. Suckett</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart Disease</i>	How long <i>5 yrs.</i>
Immediate <i>La Grippe</i>	How long <i>4 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. M. Brown</i>
<i>J</i>	Address <i>Aquasco Ind</i>
Accident or Suicide? <i>No.</i>	



Name  
in  
Full

William Octavius Oversfield

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

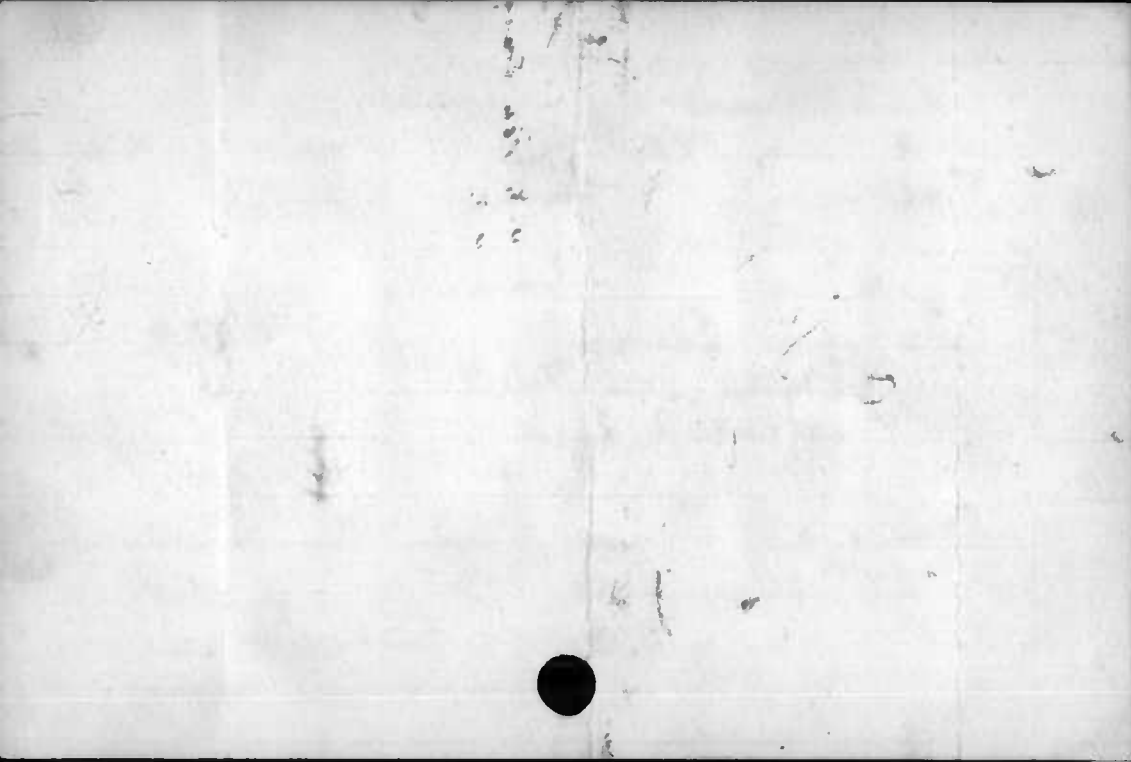
Died at <i>College Park</i>		Town <i>Prince Georges</i>		County <i>MARYLAND</i>	
Date of death <i>1908</i>	Month <i>January</i>	Day <i>20<sup>th</sup></i>	Age <i>66</i>	Years <i>2</i>	Months <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>College Park, Md.</i>			
Occupation <i>Physician</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lillian Oversfield</i>				
Father's Name <i>John Oversfield</i>	Father's Birthplace <i>Prince Georges Co., Md.</i>				
Mother's Maiden Name <i>Miss Ann Perry Wailes</i>	Mother's Birthplace <i>Southern Maryland</i>				
Name of person giving information <i>Sam. S. Buckley</i>	How related to deceased <i>Friend</i>				

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary <i>Crisp</i>	How long <i>6 days</i>
Immediate <i>Acute indigestion</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. T. Willis</i>
<i>[Signature]</i>	Address <i>Hyattsville</i>
Accident or Suicide? <i>no</i>	<i>[Signature]</i>



Name  
in  
Full

Cecil Ewell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

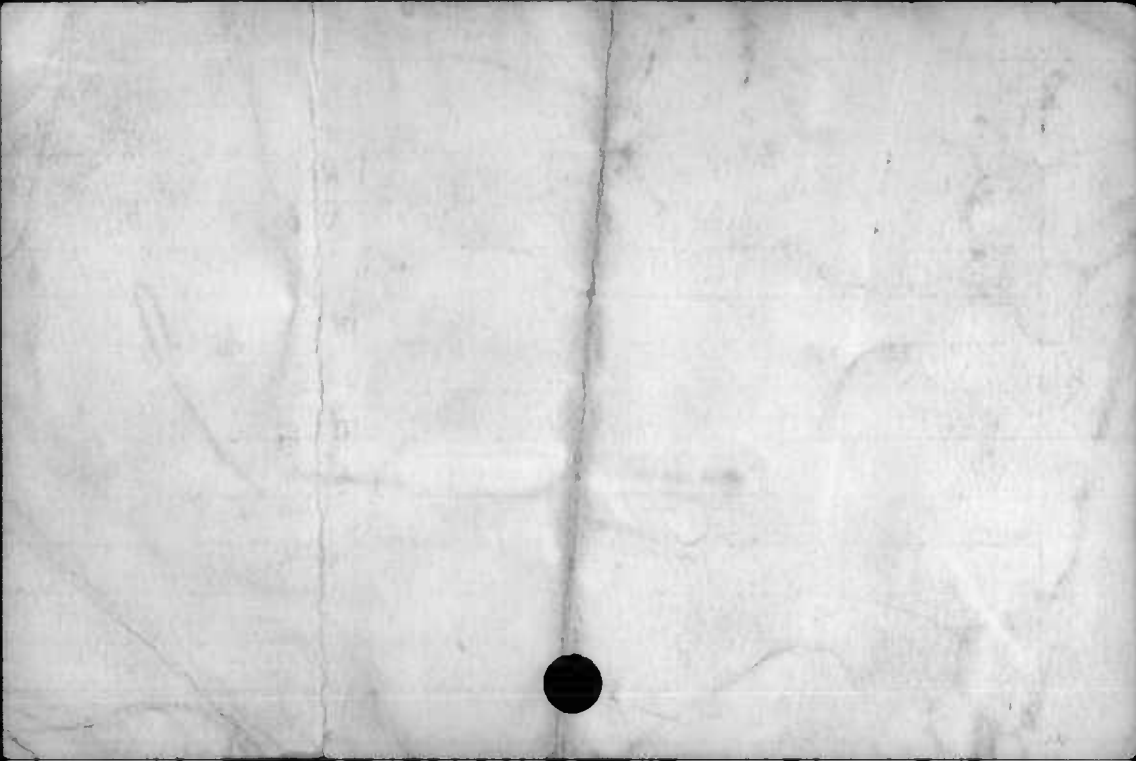
Died at <u>Riverdale</u> <sup>Town</sup>		<u>Rd 14</u> <sup>County</sup>		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> <sup>Month</sup>	<u>12</u> <sup>Day</sup>	<u>—</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>4</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Riverdale</u>			
Occupation <u>none</u>	Where Residing if not at place of death <u>at home</u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Wesley Ewell</u>	Father's Birthplace <u>Ga</u>				
Mother's Maiden Name <u>Henrietta Hall</u>	Mother's Birthplace <u>Ga</u>				
Name of person giving information <u>Wesley Ewell</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

121

PHYSICIAN  
OR CORONER

Primary <u>Inability to pass water</u>	How long <u>4 days</u>
Immediate <u>convulsions</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. C. Willis</u>
<u>no</u>	Address <u>Hyattsville</u>
Accident or Suicide? <u>no</u>	<u>no</u>





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary A. Filstein* Town *near Lanne* County *Bowie*

Died at *near Lanne*

Date of death *1908* Month *July* Day *15* Age *60* Months \_\_\_\_\_ Days \_\_\_\_\_

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *Housekeeper* Where Residing if not at place of death *near Lanne*

~~Married, Single or Widowed~~ *yes* Name of Wife or Husband *none*

Father's Name *William Hitcherson* Father's Birthplace *Scotland*

Mother's Maiden Name *Annie Caldwell* Mother's Birthplace *Scotland*

Name of person giving information *Andrew Filstein* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Broncho Pneumonia*

How long

*9 days*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*J. M. [Signature]*

Accident or Suicide?

Fisher & Thair

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

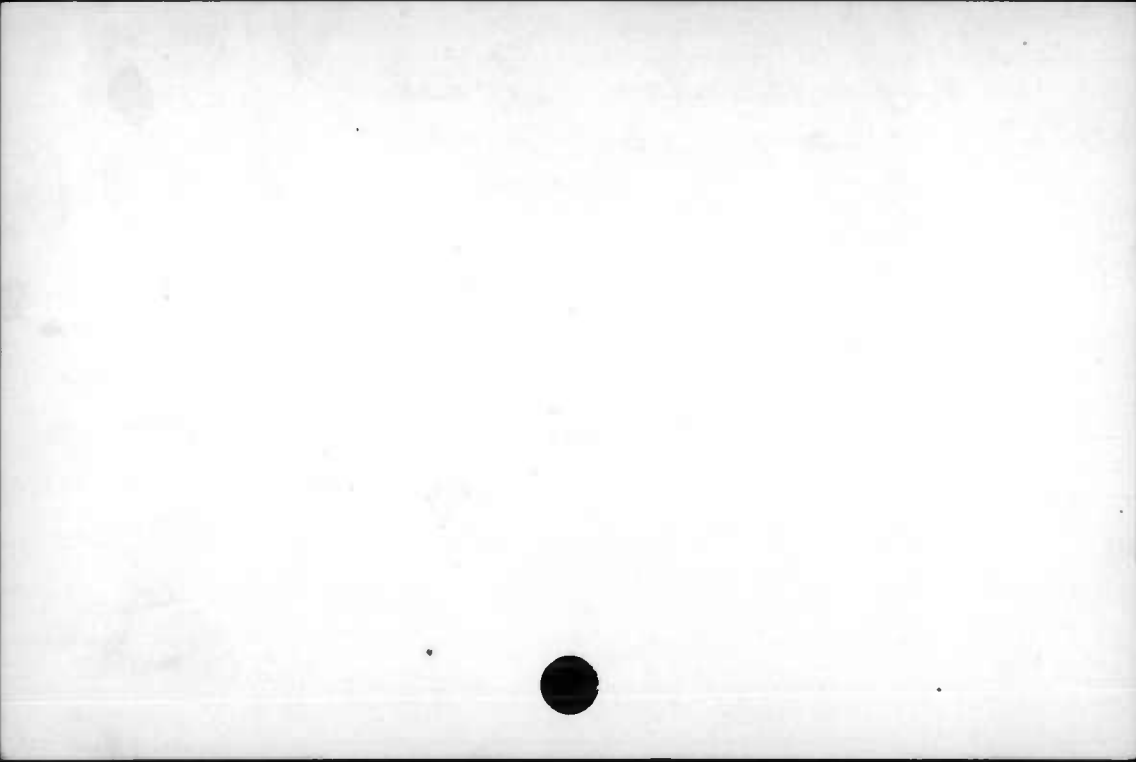
Died at <i>Forestville</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death	1908	Month	18	Age	50
Sex	Male	Color or Race	Black	Birth-place	md
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Silvester Gaut			Father's Birthplace	md
Mother's Maiden Name	unknown			Mother's Birthplace	unknown
Name of person giving information	Walter Lynn			How related to deceased	Nephew

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Complications of diseases</i>		How long	<i>Sometimes</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	<i>John E. Sanbury, M.D.</i>
	neither		Address	<i>Forestville, md.</i>
Accident or Suicide?				



Name  
in  
Full

"Res" Gault

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Upper Marlboro.*

Town

*P. Geo*

County

MARYLAND

Date of death *1908 Jan'y*

Month

Day

Age

Years

Months

Days

Sex *Male*Color or  
Race*Black*Birth-  
place*A. A. C. Md.*

Occupation

*Laborer*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Married*Name of Wife or  
Husband*Jane Gault*Father's  
Name*Don't know*Father's  
Birthplace*Don't know*Mother's  
Maiden Name*Don't know*Mother's  
Birthplace*Don't know*Name of person giving  
information*William Gault*How related  
to deceased*Son*

## CAUSES OF DEATH

*(64)*PHYSICIAN  
OR CORONER

Primary

*Apoplexy*

How long

*1 day*

Immediate

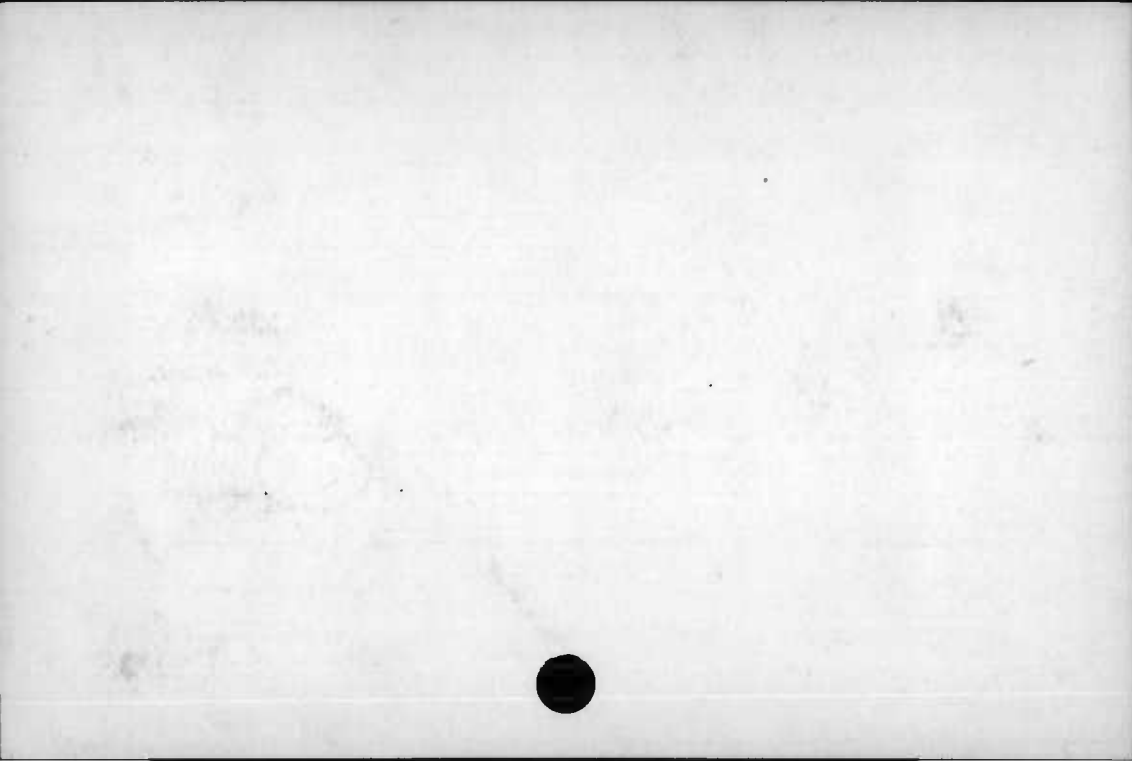
How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*L. A. Griffith*  
*Upper Marlboro.*

Accident or Suicide?



Name  
in  
Full

James W. Gillingham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

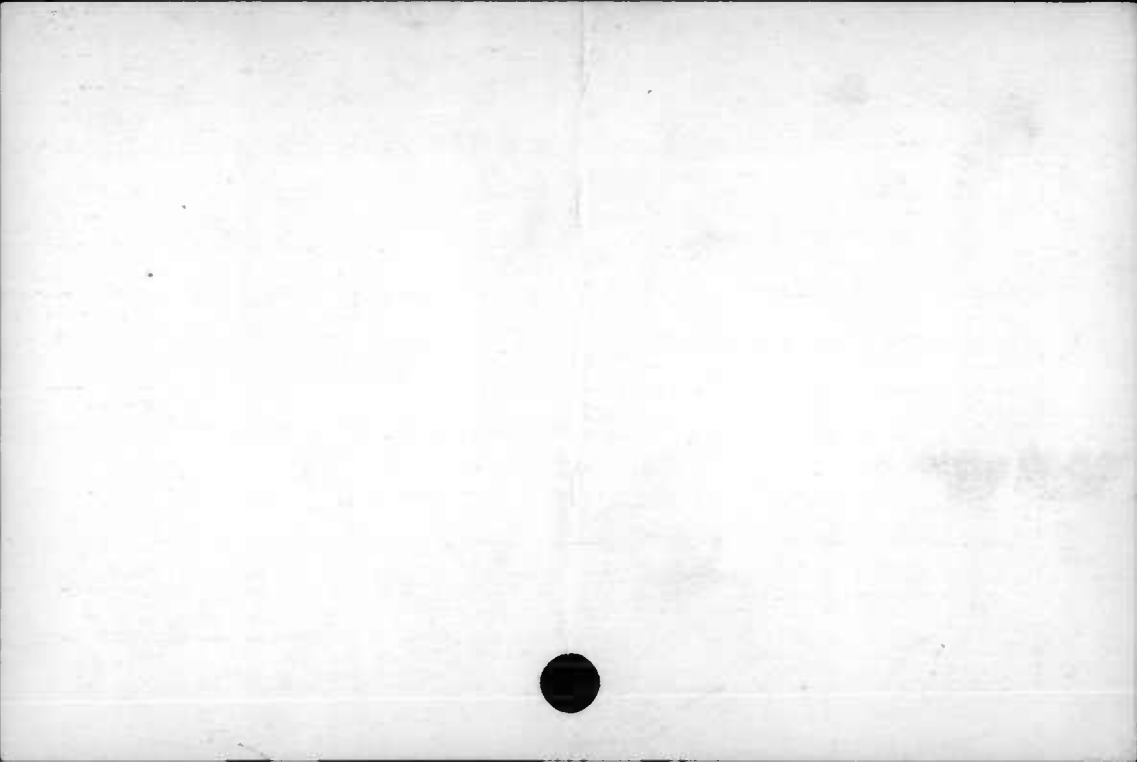
Died at <i>Columbia Park</i>		Town <i>Prince George</i>		County		MARYLAND					
Date of death	<i>1908</i>	Month	<i>Jan</i>	Day	<i>9th</i>	Years	<i>69</i>	Months	<i>7</i>	Days	<i>29</i>
Sex	<i>male</i>			Color or Race	<i>white</i>			Birth-place	<i>Pottsville Pa</i>		
Occupation	<i>Painter</i>				Where Residing if not at place of death						
Married, Single or Widowed	<i>Widowed</i>			Name of Wife or Husband	<i>Roxie B Mohler</i>						
Father's Name	<i>Sam'l W. Gillingham</i>						Father's Birthplace	<i>Pa</i>			
Mother's Maiden Name	<i>Rebecca Gillingham</i>						Mother's Birthplace	<i>Pa</i>			
Name of person giving information	<i>Sam'l W. Gillingham</i>						How related to deceased	<i>Son</i>			

## CAUSES OF DEATH

(179)

PHYSICIAN  
OR CORONER

Primary		How long		
Immediate	<i>Natural Cause</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>Augustus H Dahler</i>
<i>Yes</i>		Address		<i>Acting Coroner Bladensburg Md</i>
Accident or Suicide?				





Name  
in  
Full

CERTIFICATE OF DEATH

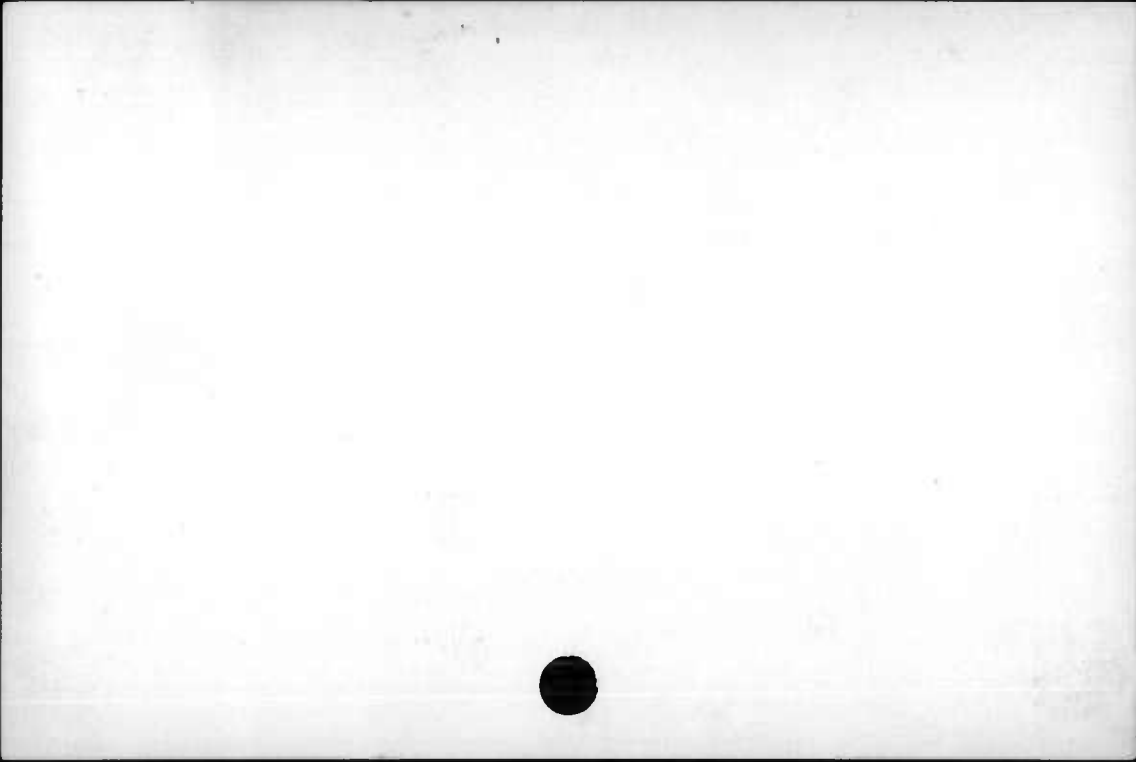
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John T Grimley</i> <i>Forestville</i> <sup>Town</sup> <i>Orange</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>8</i> Month <i>1</i> Day <i>12</i>	Age <i>67</i> Years Months <i>1</i> Days <i>1</i>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Penn</i>	
Occupation <i>Farming</i>	Where Residing if not at place of death		
Married, <i>Married</i>	Name of Wife or Husband <i>Kali Grimley</i>		
Father's Name <i>John Grimley</i>	Father's Birthplace <i>Penn</i>		
Mother's Maiden Name <i>Mary Kountz</i>	Mother's Birthplace <i>Penn</i>		
Name of person giving information <i>Elmer Grimaly</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>1 yr</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John E. Sausbury</i>
<i>L</i> <i>Witter</i>	Address <i>Forestville, Md.</i>
Accident or Suicide? <i>Witter</i>	



Name  
in  
Full

Theresa Hall

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		213 Town 19		Pr. Geo County		MARYLAND	
Date of death		1908	Month 1	Day 19	Years Age 23	Months	Days
Sex female		Color or Race Colored		Birth-place		Char. Co. Ind	
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed Married		Name of Wife or Husband		James F Hall			
Father's Name Geo. Barber		Father's Birthplace		Char. Co. Ind			
Mother's Maiden Name Eliza Butler		Mother's Birthplace		Char. Co. Ind			
Name of person giving information J. F. Hall		How related to deceased		Husband			

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis		How long 2 yrs	
Immediate Asthma		How long	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John A. Coe	
		Address 213. Ind	
Accident or Suicide?			



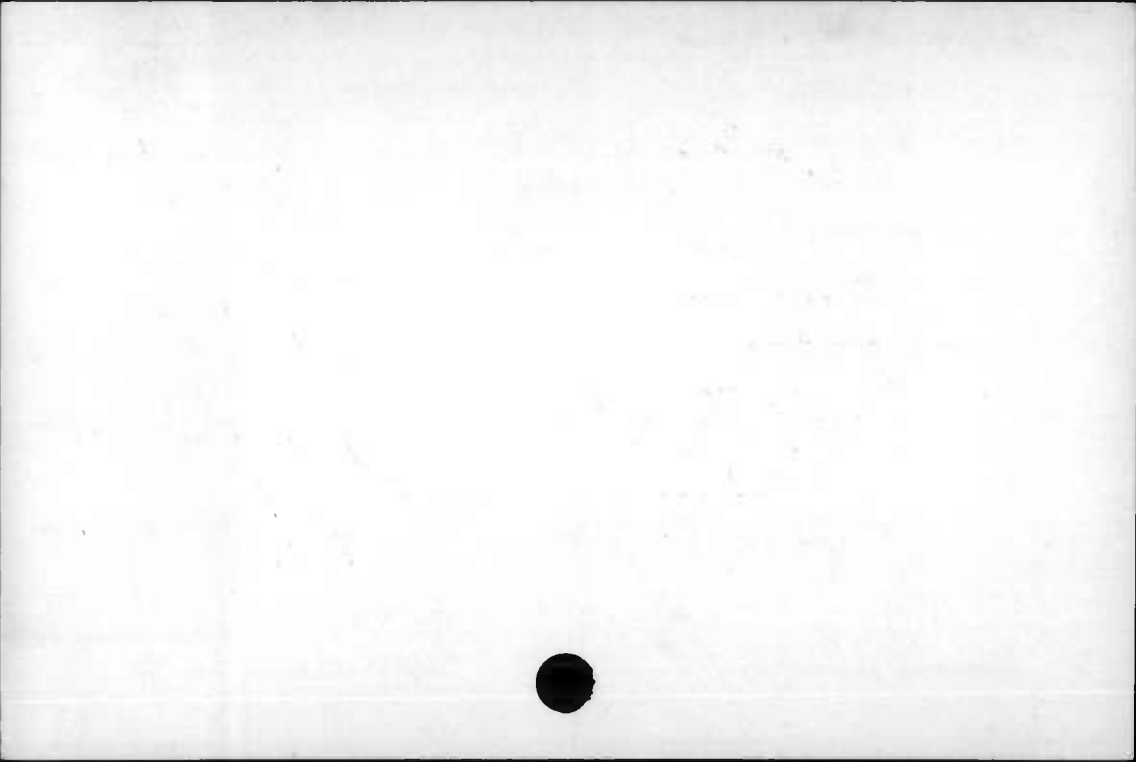
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <i>Clinton</i> Town			<i>Prince George</i> County			MARYLAND		
Date of death <i>1908</i>		Month <i>Jan</i>	Day <i>3</i>	Age <i>3</i> Years		Months		Days
Sex <i>male</i>		Color or Race <i>black</i>		Birth-place <i>md.</i>				
Occupation <i>none</i>				Where Residing if not at place of death				
Married, Single or Widowed <i>single</i>		Name of Wife or Husband						
Father's Name <i>Geo. Hamilton</i>		Father's Birthplace <i>md.</i>						
Mother's Maiden Name <i>Louisa Thomas</i>		Mother's Birthplace <i>md.</i>						
Name of person giving information		How related to deceased						

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Still born.</i>	How long
		How long
	Immediate	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. L. Manning M.D.</i>
	Address <i>Clinton Md.</i>	
	Accident or Suicide?	



Name  
in  
Full

Edward Harris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

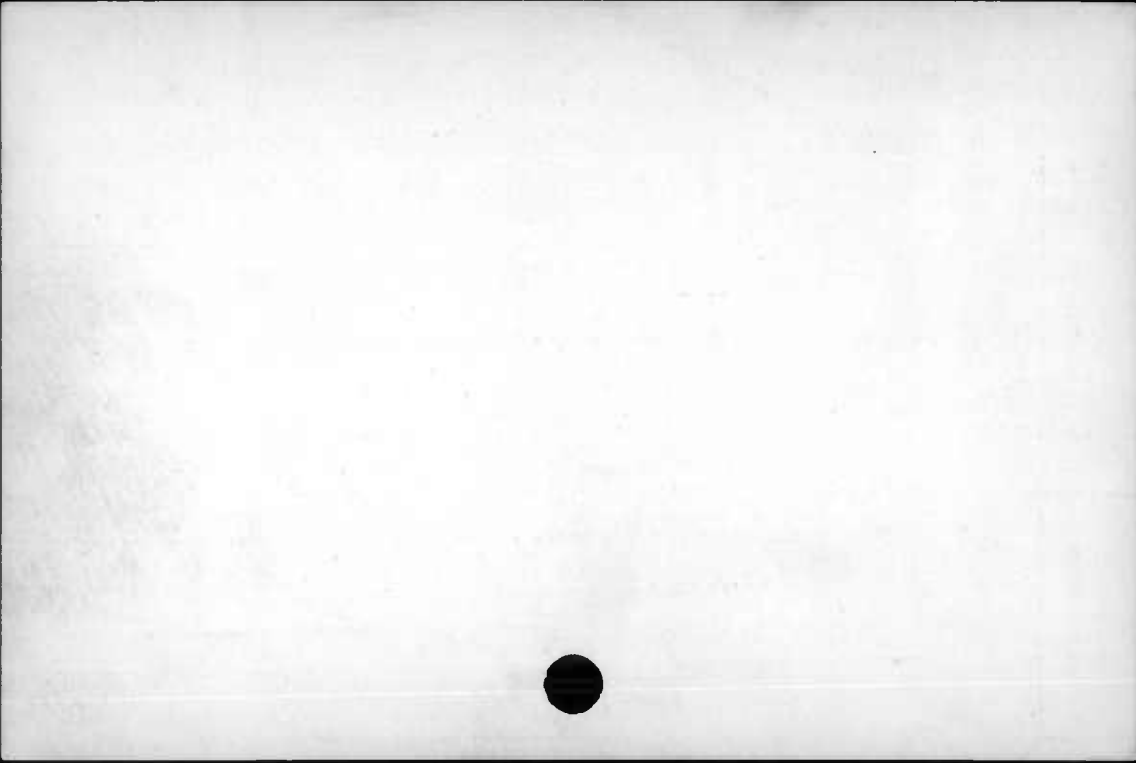
Died at <i>Brooklyn</i> <sup>Town</sup>		<i>Prince George</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908 Jan</i>	Month	Day <i>16</i>	Age <i>92</i> Years	Months	Days
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Kitty Harris</i>			
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Kitty Snow</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Thomas Matthews</i>			How related to deceased <i>Uncle by marriage</i>		

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	<i>Emphysema + old age</i>	How long	<i>3 or 4 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Asa W. Coward</i>	
<i>Robert C. Billocky D.S.</i>		Address <i>Glennview Md</i>	
Accident or Suicide?			





Name  
in  
Full

Eliza C Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Town</u>		County <u>P. E.</u>			
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>20</u>	Age <u>71</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Retiree</u>		Where Residing if not at place of death <u>Town</u>			
Married, Single or Widowed <u>yes</u>	Name of Wife or Husband <u>none</u>				
Father's Name <u>Joshua B. Disney</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Catharine Redman</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Herman F. Harrison</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>Apoplexy</u>	How long <u>6 hrs</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Pyerly</u>
	Address <u>Lumley</u>
Accident or Suicide?	<u>no</u>

Fincher & Phair

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

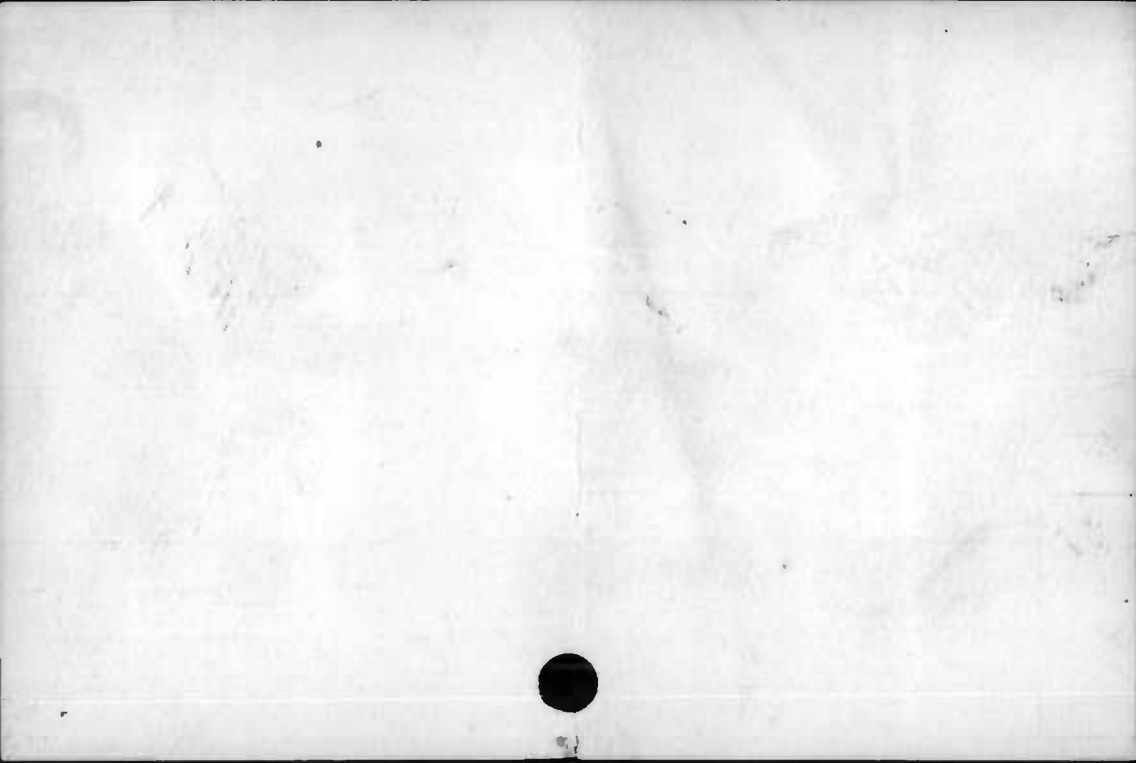
Died at		Town		County		MARYLAND			
Date of death		1906	Month	Day	Age	Years	Months	Days	
Sex		Male		Color or Race		White		Birth-place	Maryland
Occupation		Former		Where Residing if not at place of death		Business			
Married, Single or <del>Widowed</del>		Name of Wife or Husband		Eliza Ellen Harrison					
Father's Name		James Harrison		Father's Birthplace		Laurel			
Mother's Maiden Name		Catharine Miller		Mother's Birthplace		Annapondal			
Name of person giving information		John Kyle Harrison		How related to deceased		Grand Son			

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary	Paralyzed	How long	about 10 days
Immediate	Prostration	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		B. A. Fox	
Address		Business Man	
Accident or Suicide?			



Name  
in  
Full

Mary K. Herbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pr. Geo.</i>		County <i>Pr. Geo.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>12</i>	Years <i>24</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, <i>Yes</i>	Name of <del>Wife</del> Husband <i>Edward H. Herbert</i>				
Father's Name <i>—</i>	Father's Birthplace <i>—</i>			Mother's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>	Name of person giving information <i>Edward H Herbert</i>			How related to deceased <i>Husband</i>	

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia Adult or Lobar</i>	How long <i>2 days</i>
Immediate <i>Premature Labor birth</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
Address <i>Rosecroft Md.</i>	
Accident or Suicide? <i>—</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

*Anna E. Hord*

Town

County

MARYLAND

Died at

*Immiscus*

*Come 440*

Date

Month

Day

Years

Months

Days

of death

*1908*

*July*

*4*

Age

*69*

*"*

*"*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Buckhamphire*

Occupation

*Retiree*

Where Residing if not  
at place of death

*Immiscus*

~~Married, Single~~  
or Widowed

*yes*

Name of Wife or  
Husband

*J. R. Wood (deceased)*

Father's  
Name

*Thomas Pickering*

Father's  
Birthplace

*Buckhamphire*

Mother's  
Maiden Name

*Nancy Prebble*

Mother's  
Birthplace

*Virginia*

Name of person giving  
information

*Mary E. Hord*

How related  
to deceased

*Daughter*

CAUSES OF DEATH

**90**

Primary

*Arthritis Deformans.*

How long

*15 yrs.*

Immediate

*Bronchitis*

How long

*4 days.*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

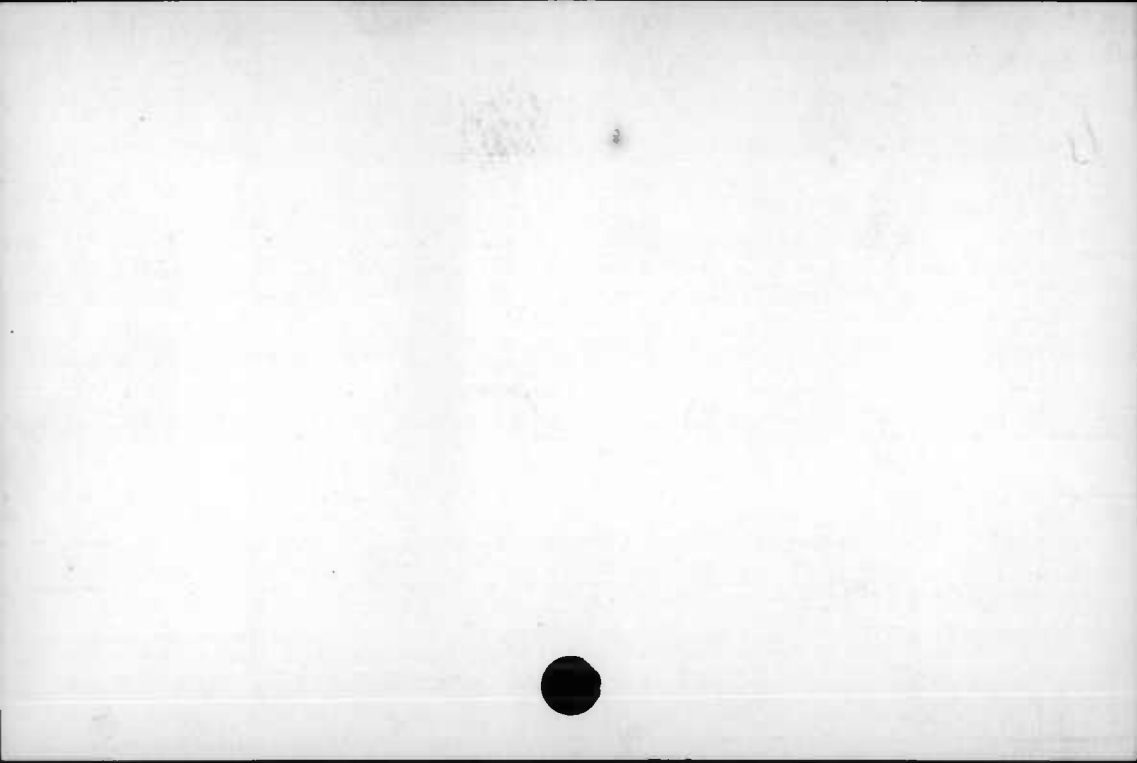
*J. R. White M.D.  
Laurel  
Md*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

*CR*





Name  
in  
Full

## CERTIFICATE OF DEATH

Jane Lewis

Town

County

Died at

Avenel

Pr. Geo.

MARYLAND

Date

1908

Month

Jan

Day

22

Age

Years

62

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Va.

Occupation

Housewoman

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Widowed

Name of Wife or  
Husband

Peter Lewis

Father's  
Name

Unknown

Father's  
Birthplace

Va.

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
In formation

Alex Perry

How related  
to deceased

Not at all

## CAUSES OF DEATH

93

Primary

Lobar Pneumonia

How long

4 days &amp;.

Immediate

Asphyxia

How long

12 hrs.

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Thos Brown

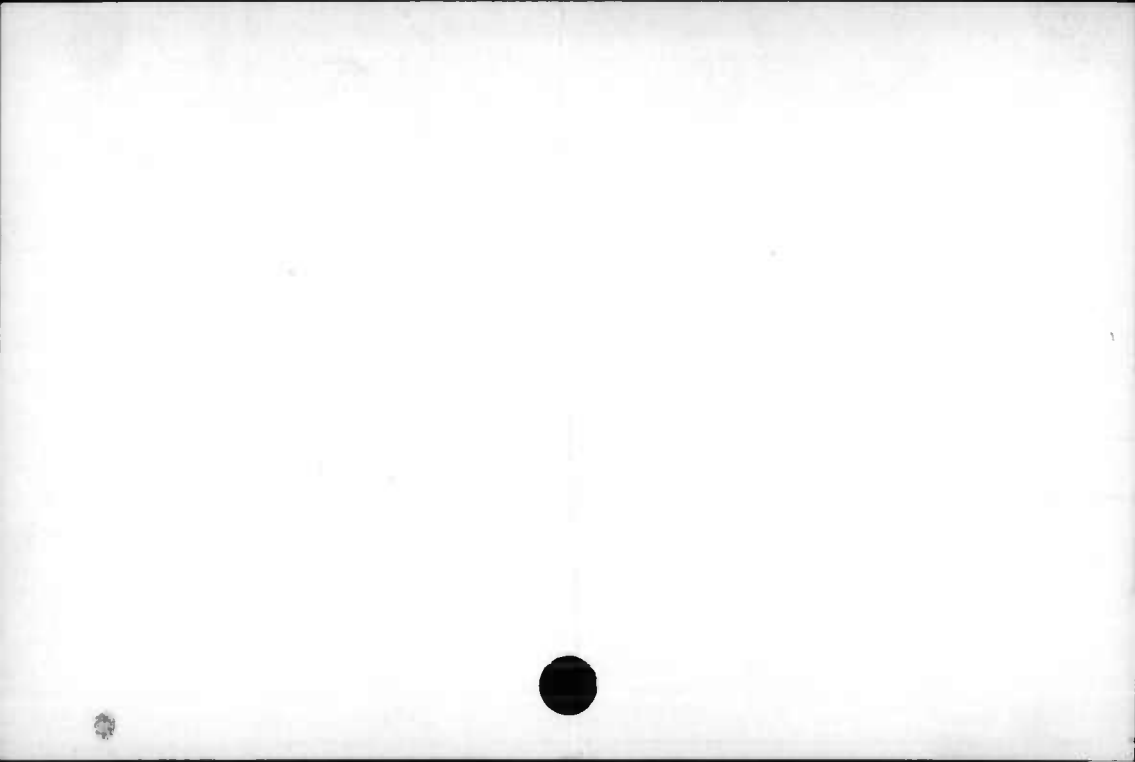
Address

Silver Spring

Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mr. Annie B. D. Marbury

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

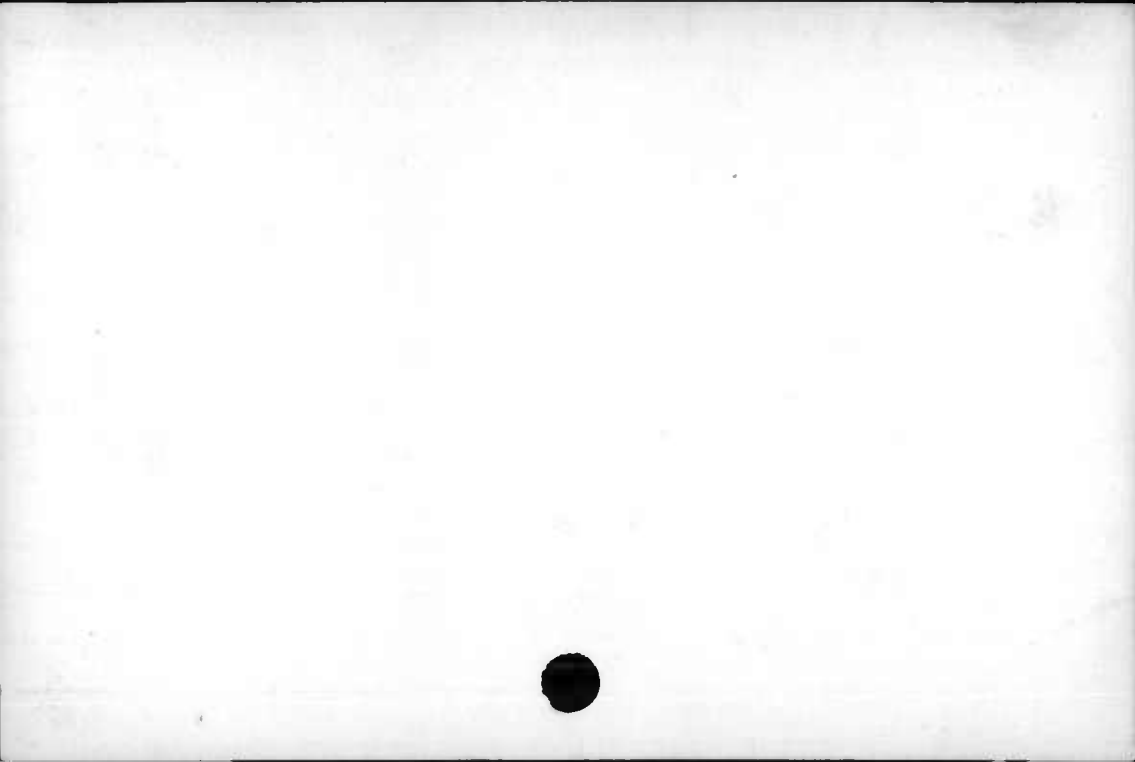
Died at <u>Aquasco</u> <small>Town</small>		<u>Prince Georges</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>5</u>	Age <u>60</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Lady</u>		Where Residing if not at place of death <u>at home</u>			
Married, <del>Single</del> <del>or Widowed</del>		Name of <del>Wife or</del> Husband <u>Mrs A Marbury</u>			
Father's Name <u>Thomas Somerville</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Ellen Somerville</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Mrs A. Marbury</u>		How related to deceased <u>Husband</u>			

## CAUSES OF DEATH

43

PHYSICIAN  
OR CORONER

Primary <u>Cancer of left breast. Operation.</u>	How long <u>a no of years</u> <u>3yrs 9m since operation</u>
Immediate <u>Recurrence in Right breast</u>	How long <u>one year</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Mrs A. Marbury M.D.</u>
<u>Q</u> Accident or Suicide?	Address <u>Aquasco,</u> <u>Maryland.</u>



Name  
in  
Full

CERTIFICATE OF DEATH

Hester A. Marlow

Town

County

MARYLAND

Died at

Laurel

Princ George

Date

of death 1908

Month

July

Day

24

Age

Years

68

Months

4

Days

24

Sex

Female

Color or  
Race

White

Birth-  
place

Ind

Occupation

Housewife

Where Residing if not  
at place of death

Laurel

Married, ~~Single~~  
Widowed

Yes

Name of Wife or  
Husband

Benj T. Marlow

Father's  
Name

Crandon Pope

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Rebecca Ogilvie

Mother's  
Birthplace

Ind

Name of person giving  
In formation

Gregor Marlow

How related  
to deceased

Son

CAUSES OF DEATH

191

Primary

Chronic Bronchitis

How long

2 years

Immediate

Heart Failure

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. R. Hume

Address

Laurel Ind

Accident or Suicide?

9

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fisher & Phaw  
int Laurel

Name  
in  
Full

Thomas L. Mattingly

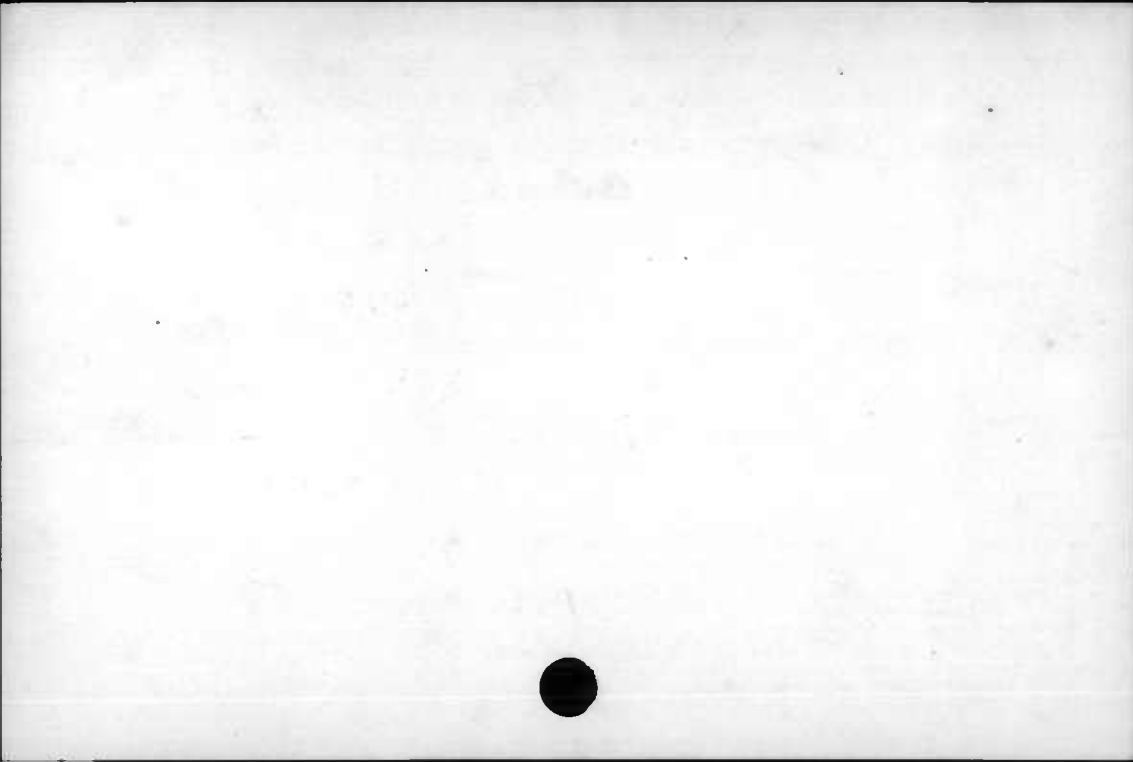
## CERTIFICATE OF DEATH

Died at <u>Rosecroft</u> <sup>Town</sup>		<u>Pr. Ind</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u> <sup>Month</sup>	<u>1</u> <sup>Day</sup>	<u>23</u> <sup>Year</sup>	Age <u>80</u>	Months <u>—</u> Days <u>—</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Pr. Va.</u>		
Occupation <u>Proof. Reader</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or <del>Widowed</del>	Name of Wife or <del>Husband</del> <u>Anna (Reeves) Mattingly</u>				
Father's Name <u>— Unknown</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>—</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>Joseph L. Mattingly</u>	How related to deceased <u>Son</u>				

## CAUSES OF DEATH

74

Primary	<u>Degeneration of Nervous System</u>	How long <u>6 weeks</u>
Immediate	<u>General Debility</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>E. P. Simpson M.D.</u>
		Address <u>Rosecroft Md.</u>
Accident or Suicide? <u>—</u>		





Name  
in  
Full

Not named Miller

## CERTIFICATE OF DEATH

Died at <i>Brentwood</i>		County <i>Prince Geo.</i>		MARYLAND	
Date of death	Month <i>June</i>	Day <i>12</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>colored.</i>		Birth-place <i>M.D.</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Miller</i>			Father's Birthplace <i>M. J. D.C.</i>		
Mother's Maiden Name <i>Rosa Dickson</i>			Mother's Birthplace <i>49th St. N.Y.C.</i>		
Name of person giving information <i>John Miller</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

179

Primary *Natural causes*

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

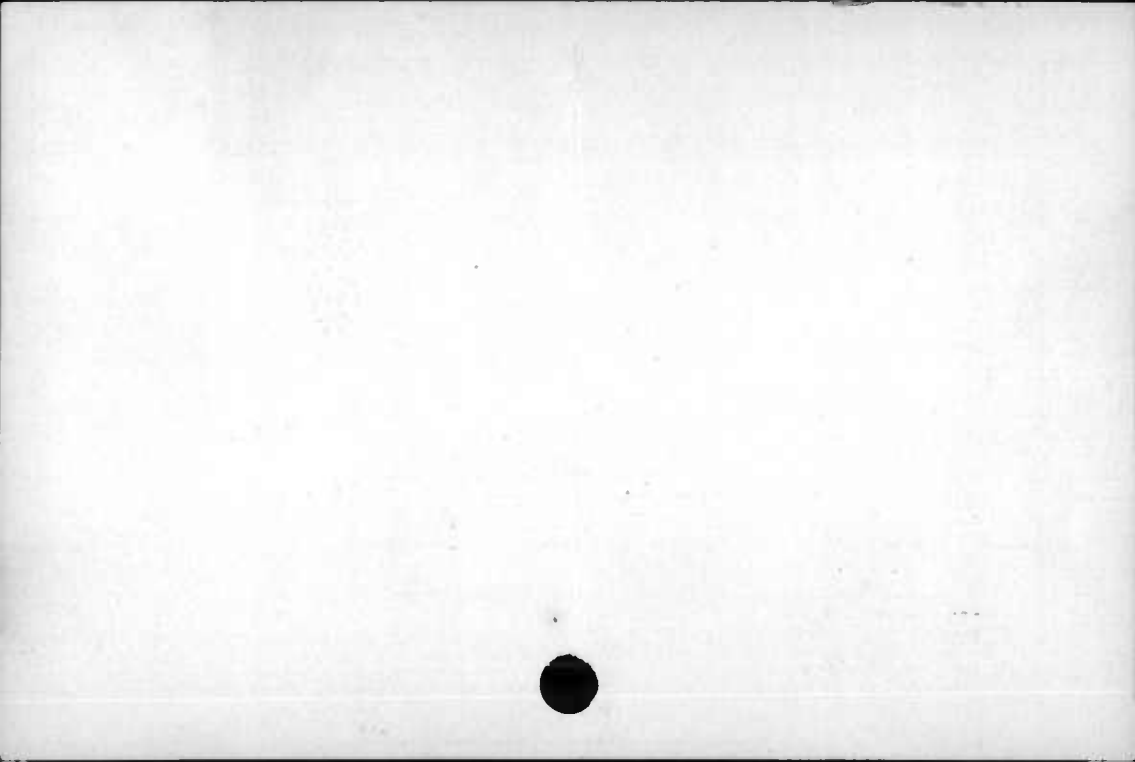
Signature of Physician

Address

Accident or Suicide?

*Augustus H. Dahler*  
*Attn: Coroner*  
*Bladensburg Md*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Eugene Newman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

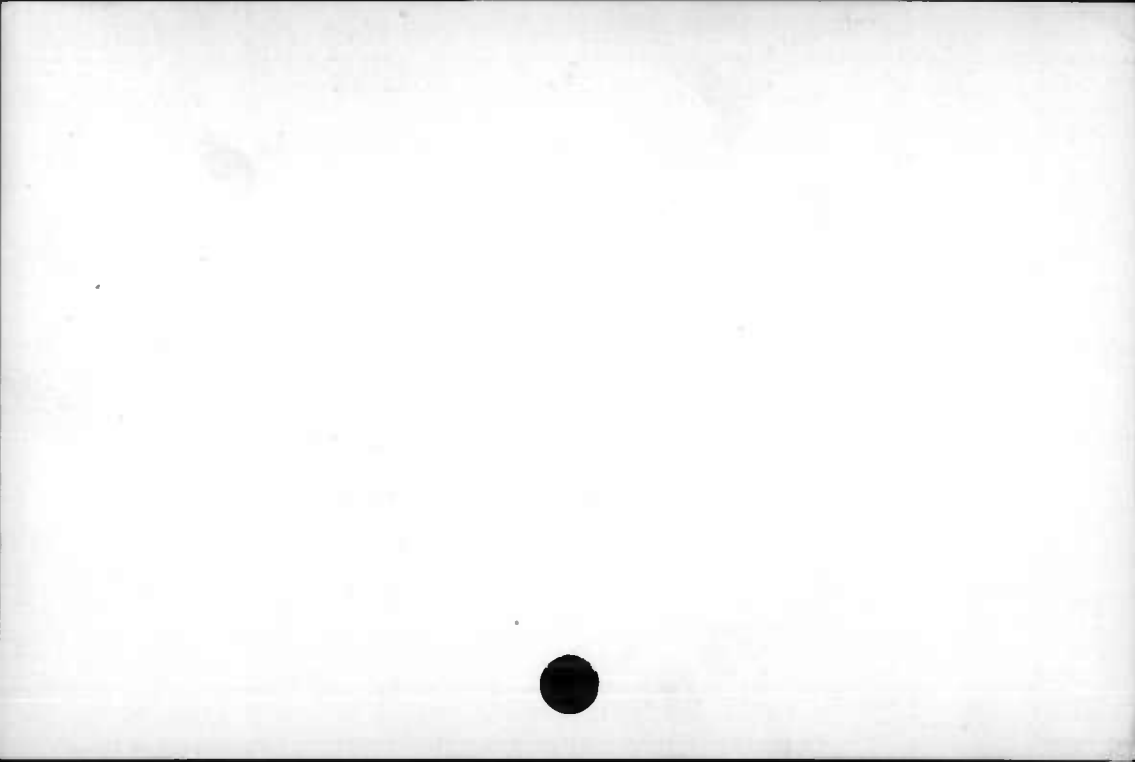
Died at <u>Rosecroft</u> Town		<u>Pr. Geo.</u> County		MARYLAND	
Date of death <u>1908</u>	<u>1</u> Month	<u>23</u> Day	Age <u>54</u> Years	<u>—</u> Months	<u>—</u> Days
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>Md.</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>—</u>			
Married, <u>Yes</u> <del>No</del>		Name of Wife <u>Mary Newman</u>			
Father's Name <u>Sylvester Newman</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Mary Jane Harley</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Sylvester Newman</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long	<u>11 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>E. P. Simpson M.D.</u>	
<u>—</u>		Address <u>Rosecroft, Md.</u>	
Accident or Suicide <u>—</u>			



Name  
in  
Full

Mary A Robbins

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
The Samuel Sanitarium		Laurel		Prince Georges		C. MARYLAND	
Date of death	1908	Month	1	Day	6	Age	87
Sex	Female	Color or Race	White		Birthplace	Washington D.C.	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Widow			Genas C. Robbins				
Father's Name			Unknown				
Mother's Maiden Name			Unknown				
Name of person giving information			How related to deceased				

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary	Sw Grippe	How long	1 week
Immediate	Broncho Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		Jesse C. Coggins	
Address		Laurel Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>H. Gertrude Seger</i>		Town <i>Nattingham</i>		County <i>R. Geo</i>		MARYLAND	
Died at <i>Nattingham</i>		Date of death <i>1908 Jan 8</i>		Age <i>40</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo L Seger</i>					
Father's Name <i>James Guldsmith</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Ann M D Smith</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Geo L Seger</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Eclampsia</i>		How long <i>24 hours</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Gibbons</i>	
<i>2</i>		Address <i>Crown Md</i>	
Accident or Suicide?			





Name

in

Full

Lewis R Seger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

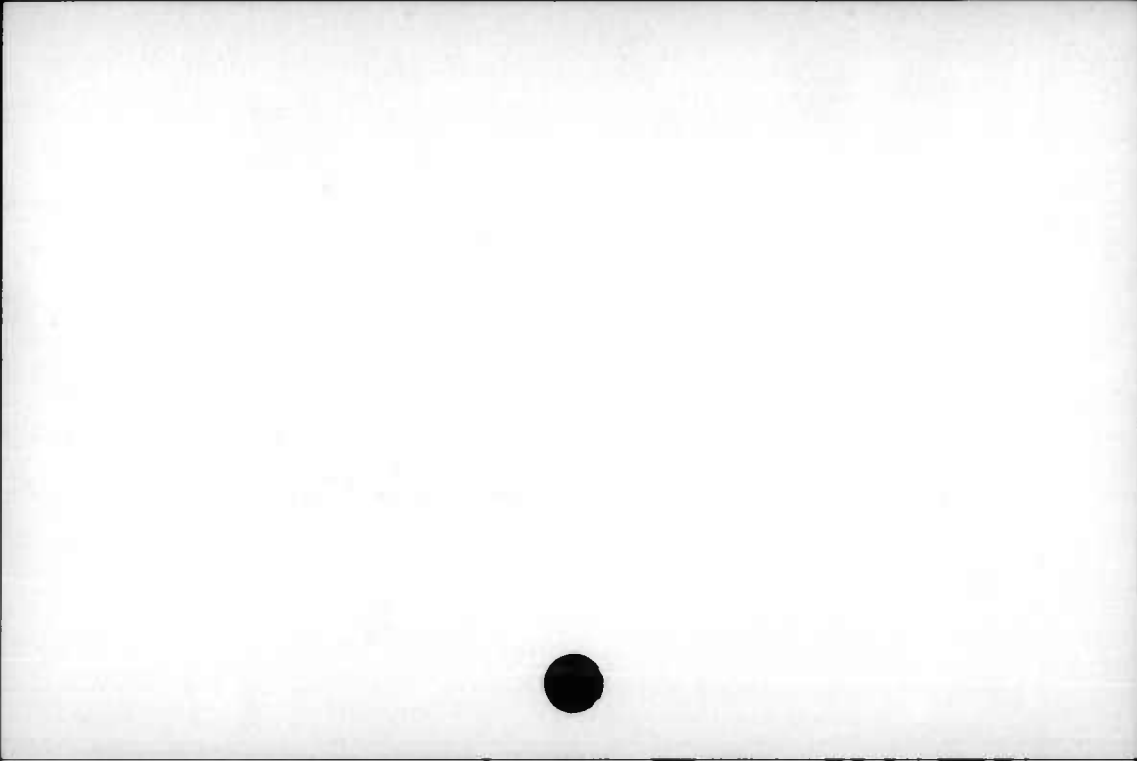
Died at <i>Intingham</i>		Town <i>Pr Gs</i>		County		MARYLAND	
Date of death <i>1908 Jan</i>		Month <i>8</i>		Day <i>8</i>		Age <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Geo L Seger</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Henrietta Goldsmith</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Geo L Seger</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Uremic Poison</i>		How long <i>1 day</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Gibbons</i>	
Address <i>Comm md</i>			
Accident or Suicide? <i>9</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fort Washington</i>		Town <i>Pr Geo</i>		County		MARYLAND	
Date of death <i>1908</i>	Month	Day <i>11</i>	Years	Months	Days		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i> Md</i>				
Occupation <i>House work</i>		Where Residing if not at place of death					
Married, <del>Single</del> <del>Widowed</del>	Name of <del>Wife or</del> Husband <i>Albert Shorter</i>						
Father's Name <i>— Unknown</i>		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Albert Shorter</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Chronic Interstitial Nephritis</i>	How long <i>Indefinite</i>
Immediate <i>Acute Indigestion</i>	How long <i>12 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. P. Simpson M.D.</i>
	Address <i>Rosecroft Md.</i>
Accident or Suicide? <i>9</i>	

11. 11. 11.



11. 11. 11.

Name  
in  
Full

Frank Smothers.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cockeek</i> <small>Town</small>		<i>Pr</i> <small>County</small> <i>Ges</i>		MARYLAND	
Date of death <i>1908</i>	<i>Jan</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>83</i> <small>Years</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Pr. Ges. Co. Md.</i>		
Occupation <i>Laborer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Kitty Gray</i>				
Father's Name <i>Hazekiah Smothers</i>	Father's Birthplace <i>Pr Ges Co Md.</i>		Mother's Birthplace <i>Pr Ges Co Md.</i>		
Mother's Maiden Name <i>Charity Tasker</i>	How related to deceased <i>Son.</i>				
Name of person giving information <i>Sylvester Smothers</i>					

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Infirmities of Age</i>		How long
Immediate	<i>Yes</i>		Signature of Physician <i>Dr E. S. Hurst</i>
Are the name, age, sex, color, date and place correctly given above?		Address <i>Priscataway Md.</i>	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

Henry Sprigg  
Westphalia Prince George  
Died at  
Date of death 1908  
Month 1 Day 15 Age 65  
Years Months Days

MARYLAND

Sex male Color or Race colored Birth-place md

Occupation Laborer Where Residing if not at place of death

Married, Single married Name of Wife Lizzie Sprigg

Father's Name Henry Sprigg Father's Birthplace md

Mother's Maiden Name unknown Mother's Birthplace unknown

Name of person giving information William Odell How related to deceased Son-in-law

CAUSES OF DEATH

179

Primary unknown Sick a How long no phys - in

Immediate unknown Coughing attended

Are the name, age, sex, color, date and place correctly given above? yes

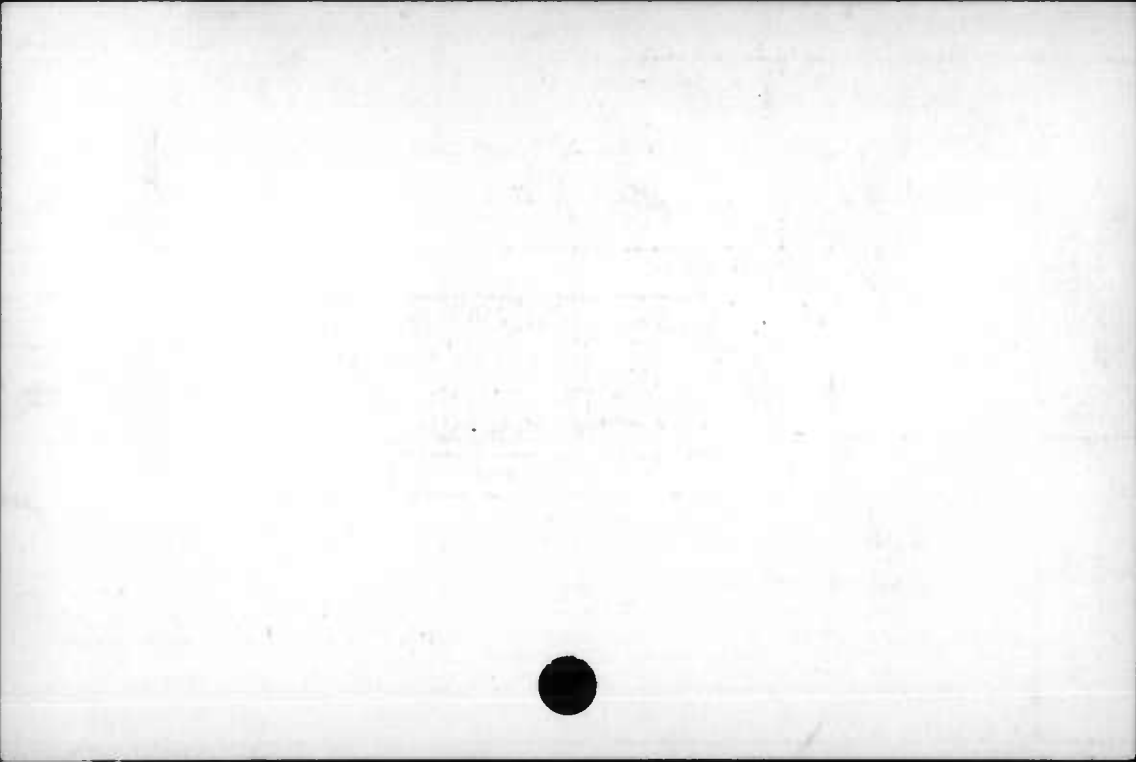
Signature of Physician John E. Sawney M.D.

Address F. orvilleville md

Accident or Suicide? neither

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

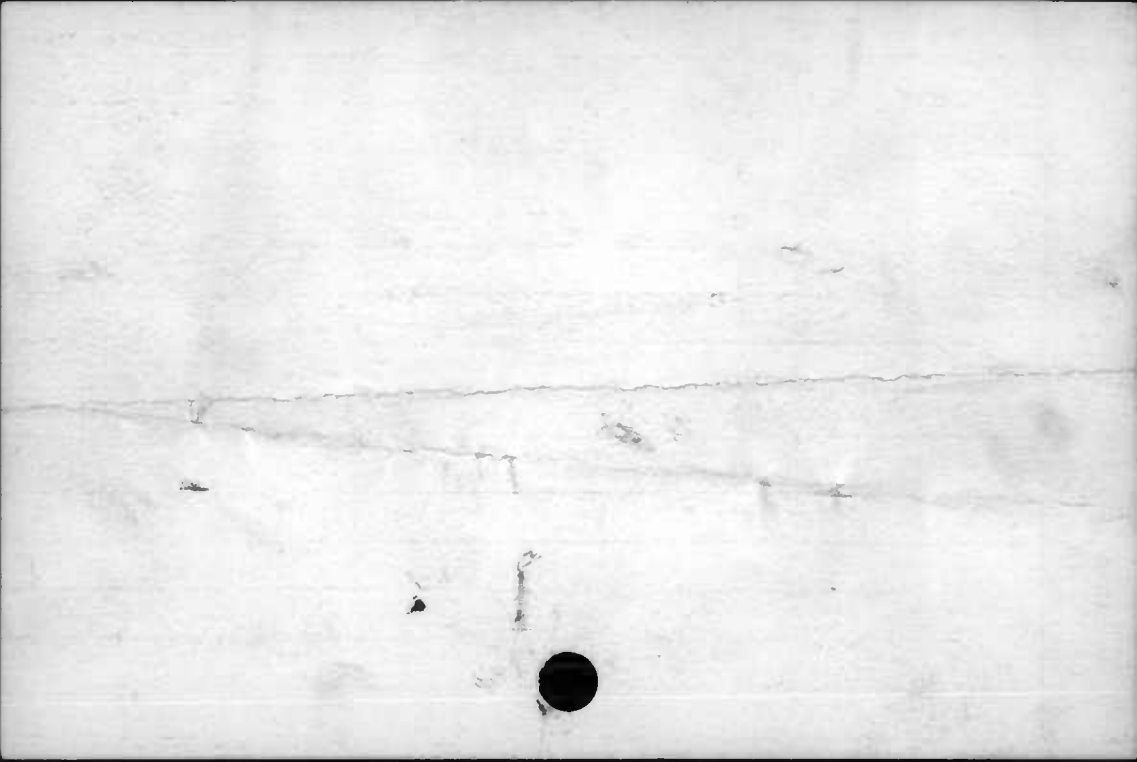
Died at <i>Bowrie</i>		Town <i>Stewart</i>		County <i>B. G.</i>	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>12</i>	Age <i>4</i>	Years <i>4</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Bowrie</i>		Months <i>-</i>
Occupation <i>Home</i>	Where Residing if not at place of death		Days <i>-</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>		Father's Birthplace <i>P. G. Co. Ind.</i>		
Father's Name <i>Benj. E. Stewart</i>	Mother's Maiden Name <i>Clara M. Gann</i>		Mother's Birthplace <i>P. G. Co. Ind.</i>		
Name of person giving information <i>Harry O. Watson</i>	How related to deceased <i>Uncle</i>				

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>4 days</i>
Immediate <i>Complications</i>	How long <i>-</i>
Are the name, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Orrall M.D.</i>
Address <i>Springfield, Mo.</i>	
Accident or Suicide? <i>2</i>	



Name  
in  
Full

Virginia Taylor Whitlock

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

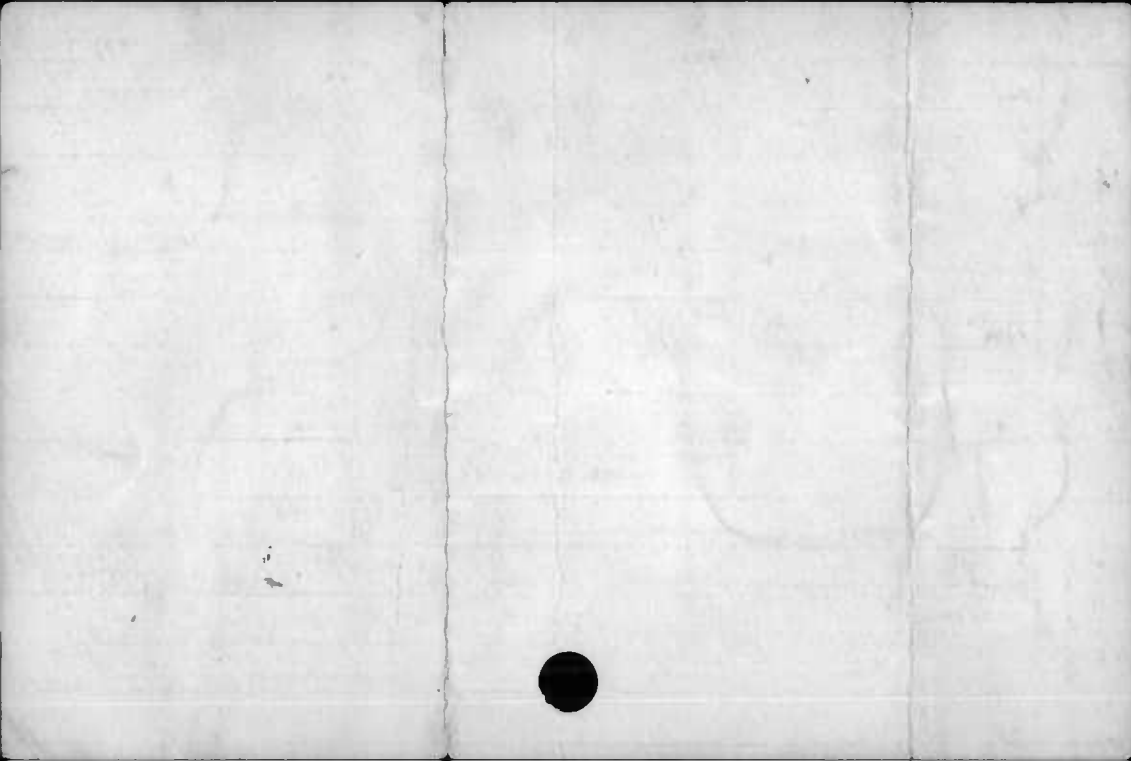
Died at <i>East Heathville</i> <sup>Town</sup>		<i>Prince Geo.</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1908</i> <sup>Year</sup>	<i>Jan'y</i> <sup>Month</sup>	<i>29</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>16</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>M. &amp;</i>			
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>James A Whitlock</i>		Father's Birthplace <i>Virginia</i>				
Mother's Maiden Name <i>Susie Taylor</i>		Mother's Birthplace <i>Ida</i>				
Name of person giving information <i>Father</i>		How related to deceased <i>—</i>				

CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary <i>Membranous Tonsil.</i>	How long <i>Two days</i>
Immediate <i>Tonsil</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. E. Willis.</i>
<i>9</i>	Address <i>Heathville.</i>
	<i>M.D.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Laurel</u> <sup>Town</sup>		<u>PD</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1908</u>	Month <u>Jan</u>	Day <u>8</u>	Age <u>18</u>	Months <u>    </u> Days <u>    </u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>md</u>		
Occupation <u>Housework</u>	Where Residing if not at place of death <u>    </u>				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>    </u>				
Father's Name <u>Billy Williams</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Eugenia Gordon</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Billy Williams</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 mths.</u>
Immediate <u>Pneumonia Tuberculosis</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>S. R. Brady</u>
<u>    </u>	Address <u>Laurel, Md.</u>
Accident or Suicide? <u>    </u>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

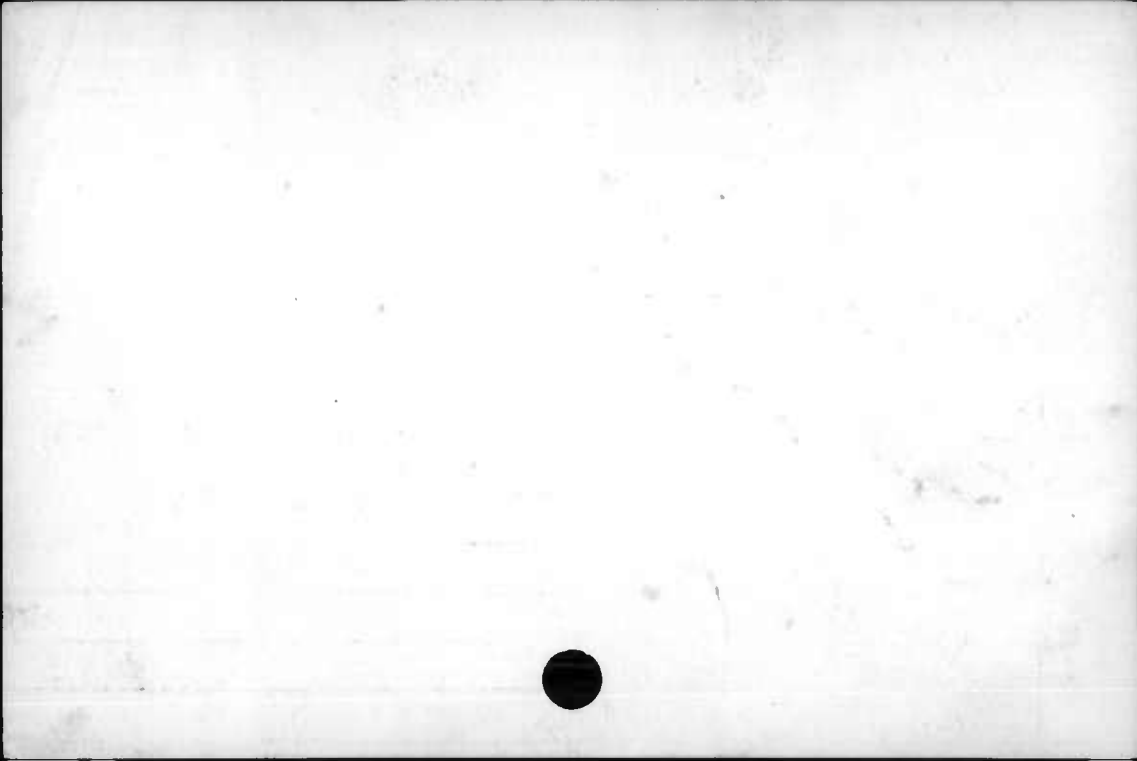
Name in Full <i>Hinslow Miss Martha C.</i>		Town <i>Riverdale</i>		County <i>B. Bro.</i>		MARYLAND	
Died at <i>Riverdale</i>		Month <i>Jan</i>		Day <i>6</i>		Years <i>63</i>	
Date of death <i>1908</i>		Months <i>Jan</i>		Days <i>6</i>		Age <i>63</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hallowell Me.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Riverdale</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Charles A Hinslow</i>		Father's Birthplace <i>Maine</i>					
Mother's Maiden Name <i>Unknown by informant</i>		Mother's Birthplace <i>Maine</i>					
Name of person giving information <i>Walter Edward Hinslow</i>		How related to deceased <i>Nephew</i>					

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>		How long <i>5 months</i>	
Immediate <i>Cerebral Hemorrhage.</i>		How long <i>5 minutes.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yrs.</i>		Signature of Physician <i>R A Bennett M.D.</i>	
<i>Alexander Lakes J.P.</i>		Address <i>Riverdale</i>	
Accident or Suicide? <i></i>		<i>Me.</i>	





Name  
in  
Full

Stephen Hood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Upper Marlbow* <sup>Town</sup>*P. G.* <sup>County</sup>

MARYLAND

Date  
of death *1908*Month  
*1*Day  
*9*

Age

Years  
*—*Months  
*—*Days  
*18*

Sex

*Male*Color or  
Race*Black*Birth-  
place*P. G. Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*J. Frank Hood*Father's  
Birthplace*P. G. Md*Mother's  
Maiden Name*Mary Beir*Mother's  
Birthplace*1 1 1 1*Name of person giving  
information*J. Frank Hood*How related  
to deceased*Father*

## CAUSES OF DEATH

*179*

Primary

*Don't know*

How long

*about 7 days*

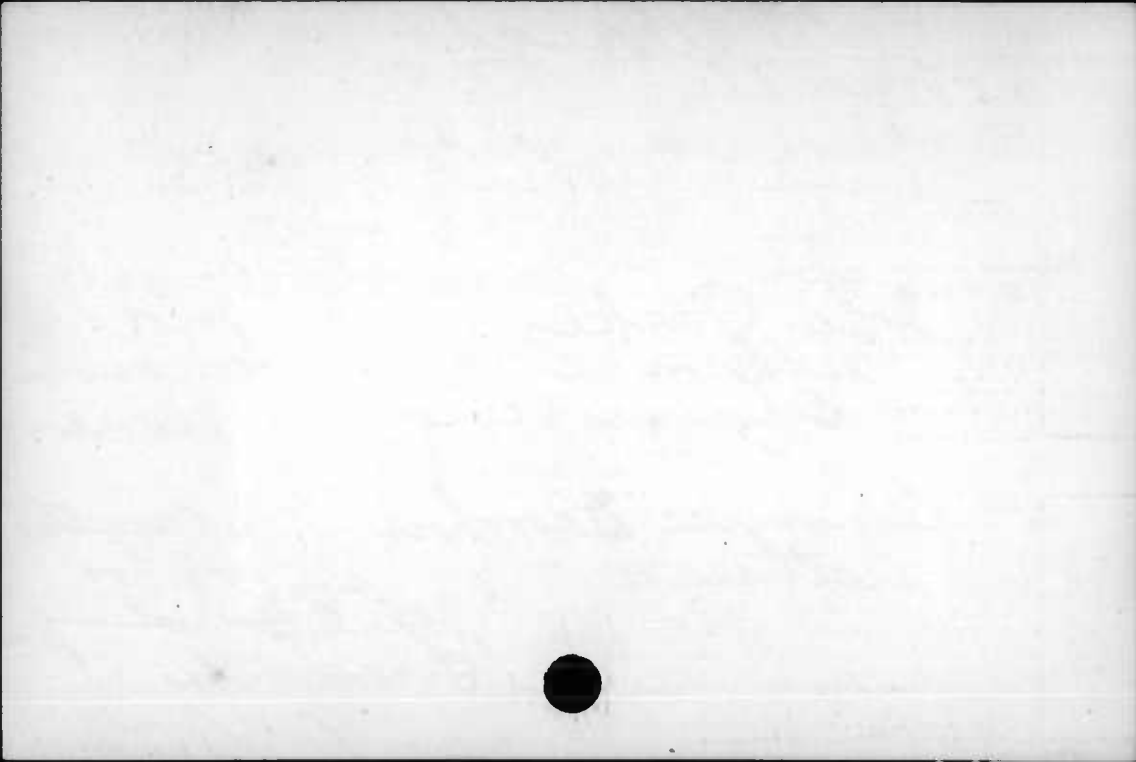
Immediate

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

*R. M. Smith of P. G. Md*  
*Upper Marlbow Md*

Accident or Suicide?



Name  
in  
Full

Kate Wright  
Forestville P.O.

CERTIFICATE OF DEATH

MARYLAND

Died at Forestville P.O. County  
Date of death 1908 1 6 Age 62 Months Days

Sex Female Color or Race White Birth-place Pyles Md

Occupation None Where Residing if not at place of death

Married, Single Widowed Name of Wife or Husband Washington Wright

Father's Name John Parker Father's Birthplace Md

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Thomas King How related to deceased None

CAUSES OF DEATH

106

Primary Chronic Diarrhoea How long 6 months

Immediate Asthenia How long 48 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. E. Dausbury

Address Forestville Md.

Accident or Suicide? neither

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

